

Determining the Effectiveness of the Therapeutic Recreation Specialist – Certified Training at  
Baycrest Health Sciences

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## ABSTRACT

The purpose of this study was to determine the effectiveness of the “Champion” training of the Therapeutic Recreation Specialist – Certified (TRSC) at Baycrest Health Sciences (BHS). BHS recently implemented a new model for Therapeutic Recreation Services that employs the model of champion for implementation of both best and next practices within the organization. This mixed methods study used both case study and program evaluation in order to understand whether the training that comprised of five different topics allowed the six participants to develop the skills needed to be champions. The results supported that learning did occur during the training and that the experience was positive for the participants. The overall finding from this study is that while the training was useful, the participants did not feel confident about utilizing these skills without further training; hence, this training can only be considered an introduction to the concepts presented.

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## CHAPTER ONE – INTRODUCTION

Over the past 60 years, the field of Therapeutic Recreation has changed tremendously in both the USA and Canada. Although the health benefits of recreation have been understood since ancient times, the earliest history and information about Therapeutic Recreation as a profession comes from the USA, where it found its start during World War II:

the service, then known as hospital recreation had been provided during WW II by Red Cross recreation workers who offered programs for hospitalized soldiers within military hospitals. Following the war, similar services were soon developed within the Veterans' Administration (VA) Hospital system. The trend accelerated as recreation therapy programs were established in state psychiatric hospitals and state residential schools for persons with mental retardation. (Austin, 2004, p. 37)

In modern times, the profession itself has grown immensely in many ways including academic preparation and professional practice within various clinical settings such as hospitals (Austin, 2004).

Although the profession has matured from its humble beginnings, in Canada there have been challenges with professional preparation being unstandardized and diverse. As a result, there are many paths to professional practice in Canada and in Ontario (TRO, 2014). This diversity affects hiring practices in that employers are not always clear on the credentials required for practice and consequently it affects the consistency of the provision of therapeutic recreation services across the province (Ridgway, 2013).

As noted, one of the primary contributing factors to the lack of professionalism within the field is the lack of uniformity in the educational backgrounds and skill sets of the current practitioners (Ridgway, 2013). In Ontario, there are 13 different academic institutions that offer

educational programs in therapeutic recreation including three degree programs and ten diploma programs (TRO, 2014). All of these programs offer different curricula and training for graduates of their programs. For example, some institutions prepare their students for certification with the National Council for Therapeutic Recreation Certification (NCTRC) while others provide minimum instruction on the topic of therapeutic recreation. Although Therapeutic Recreation Ontario (TRO) has worked hard to streamline educational content across the different academic institutions over the past five years, this lack of standardization remains a significant issue within the field (Ridgway, 2013).

Educational preparation also intersects with the issue of professional credentialing. In the United States, the National Council for Therapeutic Recreation Certification (NCTRC) was established in 1981 and “is the nationally recognized credentialing organization for the profession of therapeutic recreation” (NCTRC, 2014). For certification, NCTRC utilizes a systematic way to assess the professional competencies required to practice in the field of therapeutic recreation, which is measured through an examination process. In Ontario, TRO originally opposed the formalized Certified Therapeutic Recreation Specialist (CTRS) credential offered by NCTRC and developed its own standard called registration. The registration process which consists of gathering 25 points in four different areas (education, professional contributions, professional affiliations and experience) (TRO, 2014) has no formal procedure for examining its members’ knowledge and skills required for practice. Instead it relies on committee members to determine whether registration is awarded. Up until recently, TRO has allowed individuals with no formal education to apply and become registered as providers of therapeutic recreation services (TRO, 2010).

Another issue that has recently come to the forefront is the changes to governmental guidelines to funding in healthcare for the province of Ontario. With the implementation of the new funding model of Health-Based Allocation Model (HBAM) from the Ministry of Health and Long-term Care (MOHLTC), healthcare providers are required to provide evidence of cost-effective and quality care for all consumers (Health System Funding Reform, 2012). If organizations are unable to do so, their funding can be negatively affected and they can receive less monetary compensation to administer services. The new regulations have been established to guarantee excellence in care and to ensure accountability and compliance within the healthcare arena. This higher standard of care is now a common expectation within healthcare agencies for all disciplines including therapeutic recreation and is referred to as “best practice”.

The concept of best practice has been embraced by the medical community even though it originates from the business world (Cuban, 2010). Its hallmarks are superior performance, quality consistency and the reliance on evidence to guide practice (Perleth, Jakubowski, & Busse, 2000). Many disciplines such as Occupational Therapy, Social Work, and Physiotherapy have much literature and research on this topic that assists practitioners in their daily practice.

Best practice is also an expectation within the field of therapeutic recreation; however, there is very little published information about it and its definition. In fact, there is no terminology that defines best practice exactly. However, two specific academics, Stumbo (2011) and Buettner and Fitzsimmons (2008) refer to best practice in their research. These authors argue that best practice in therapeutic recreation involves both Evidence-Based Practice (EBP) and Theory-Based Practice (TBP).



For therapeutic recreation to be considered a vital component of healthcare, changes need to be made to practice in order to showcase not only the relevancy of the profession, but also the value of therapeutic recreation interventions and their role in client care. By improving the current level of professionalism and implementing best practice, clinicians can ensure that there is a future for therapeutic recreation within this arena.

Therapeutic recreation services at Baycrest Health Sciences (BHS) are presently facing such challenge. Although BHS is an academic healthcare facility affiliated with the University of Toronto that services 2500 seniors daily in the Greater Toronto Area, it has provided substandard therapeutic recreation services for many years, as evidenced by low levels of professionalism and poor client care (Miller, 2008).

In order to strengthen therapeutic recreation services at BHS and ensure quality client care, the discipline is undergoing a restructuring and realignment as part of a directive from the executive team, which will include the implementation of best practices across the organization. The implementation of best practices will be a dramatic change for all the staff within therapeutic recreation as it will push the boundaries of current practice from solely providing recreational activities for participatory involvement to facilitating therapeutic opportunities for clients utilizing the Therapeutic Recreation service delivery process (Assessment, Planning, Implementation and Evaluation) as outlined by TRO (2012) in the Standards of Practice (SOP).

To achieve the desired results, the restructuring and realignment include a new framework that divides therapeutic recreation clinicians into five specific teams and programs based on the different populations served across BHS. In addition, there is a newly created position that has been added to each team called the "Therapeutic Recreation Specialist –

Certified” (TRSC) (See Appendix A for Job Description). The individual in this role has advanced knowledge, skills, and expertise in therapeutic recreation and will be the champion within their assigned team.

The term champion has been used throughout healthcare by many different facilities for over five decades (Shaw et al., 2012) and refers to an individual who is responsible for innovation, organizational change and quality improvement (Aitken et al., 2011; Barnett, Vasileiou, Djemil, Brooks & Young, 2011). With the implementation of the new positions at BHS, these individuals will be responsible for the implementation of best practice within their assigned areas as well as next practice (creating and designing future best practices).

The implementation of best practice especially in an environment where there have been no established standards for therapeutic recreation is a huge undertaking. In order to equip these individuals for the new TRSC positions, a training program has been developed to ensure the acquisition of skills needed to implement practice change.

The training program incorporates aspects of everyday leadership skills (conflict management, communication, collaborative practice, coaching and mentoring, motivational interviewing and discovering of one’s own strengths) so that staff are able to lead and guide their assigned teams to the desired state of best practice. In addition, training will include the development of therapeutic recreation skills, in particular strengths-based practice, application of the Leisure Well-being Model (Hood & Carruthers, 2007) to therapeutic recreation services, and facilitation techniques within strengths-based practice. The goal upon completion of the training program is that these new champions will then be able to use their newly acquired skills to increase professionalism of the discipline through the implementation of best practice at BHS.

This is a critical time for therapeutic recreation and what direction the profession moves in will have significant impact on whether the field continues to be an important part of healthcare services. Over the past year alone, two different healthcare facilities have eliminated therapeutic recreation services due to the department's inability to show quality care and improved client outcomes. In order to survive the current healthcare climate, agencies have demanded that health care clinicians provide quality and cost-effective care. This expectation is no different for therapeutic recreation and in order to sustain the profession it is imperative that clinicians raise their level of professionalism.

The new framework at BHS challenges the status quo and utilizes the role of champions to bring about significant change in the way client care is provided. It is anticipated that the implementation of this model will have a positive impact on client care and the organization itself.

This research study will examine the effectiveness of the training program of therapeutic recreation champions and will focus particularly on BHS and the ability of the champions to improve the level of professionalism within the therapeutic recreation discipline. Lastly, the results study could provide valuable information to many agencies and facilities within Ontario as to how to increase professionalism and accountability of therapeutic recreation services.

Questions to be addressed in this study:

- 1) In what ways does the BHS Champion training provide the therapeutic recreation professional with the skills and abilities to become champions within the organization?

- 2) What are the changes in confidence levels with regard to understanding and using content within the five training sessions? How are these skills and abilities fostered?
- 3) What are the changes in knowledge related to the five key training topics?
- 4) What is the experience of the champions involved in the change?
- 5) What other areas could be developed for future training of champions within the field of Therapeutic Recreation?

## **CHAPTER TWO – LITERATURE REVIEW**

### **Introduction**

As mentioned in the first chapter, this is a critical time for therapeutic recreation services, especially in Ontario. The current challenges within the profession in the areas of professional preparation and inconsistent practice have made the field quite vulnerable especially within the healthcare arena, as seen earlier this year with the elimination of two different therapeutic recreation departments.

As part of a proactive strategy to ensure that therapeutic recreation continues to be a vital component of BHS, we have undergone a restructuring and realignment process in order to improve client care. This involves the introduction of a new staffing model that uses TRSC positions as champions to bring about practice change by the implementation of best and next practices.

This chapter will examine the current literature in the field of therapeutic recreation and best practice as well as the literature on champions and organizational/practice change.

### **Therapeutic Recreation and Best Practice**

In the new TRSC roles at BHS, one of the main responsibilities will be to implement best practices within their designated areas as well as to guide and mentor clinicians on their teams in order to improve client care. As mentioned earlier, best practice has become an important topic and buzzword in the healthcare arena across all disciplines including Therapeutic Recreation as it showcases advanced performance which is based on evidence that results in higher quality client care (Perleth et al., 2000).

In the field of therapeutic recreation, there is very little information about best practice. In fact, there is no definition that stipulates exactly what best practice is. However, there are two researchers in the field of therapeutic recreation who specifically refer to best practice. The first, Stumbo (2011), states that:

Evidence-based practice (i.e. the application of research evidence to intervention design) and theory-based practice (i.e., the application of relevant theory to intervention design) are both equally important to ensure that programs, interventions, or treatments are built on “best practices. (p.3)

According to Stumbo (2011), the goal of evidence-based practice (EBP) is to decrease differences within practice “and instead use the best, accumulated evidence possible to inform, enlighten and direct practice” (p.4). In addition, Stumbo (2011) also recognizes the importance of EBP in practice as she states that it also increases the ability to achieve specific expected outcomes and give quality assurance while providing the most appropriate, meaningful and successful interventions for care. In contrast, theory-based practice (TBP) uses abstract models to direct care and by doing so, increases efficacy within practice (Caldwell, 2003).

In addition to establishing that EBP and TBP are part of best practices within Therapeutic Recreation, Stumbo (2011) acknowledges the importance these have on the practice of Therapeutic Recreation:

First, they improve the chances of getting to client outcomes more quickly by focusing programming efforts on sound and proven information. Second, they improve the justification or rationale for services that are based on specific evidence and theory, rather than on happenstance or whim. Third, both efforts becoming more accepted and universally applied will improve the standardization of practice and create common ground among therapeutic recreation professionals and with their colleagues from other disciplines. Clearly, evidence-based practice and theory-based programming can greatly aid comprehensive and specific program designs’ rationale and effectiveness. (p.6)

The other research within the Therapeutic Recreation field that outlines best practices comes from Buettner and Fitzsimmons (2008) who developed the *Dementia Practice Guidelines for Recreation Therapy*. These clinical practice guidelines use both EBP and TBP as the foundation of the interventions for practice. The authors discuss the need-driven dementia-compromised behaviour model (NDB) and the neurodevelopmental sequencing theory of prescription (NDSP) and their relation to activity and dementia. In addition, the authors provide support from the literature for evidence-based practice and protocols for interventions. Therefore, like Stumbo, who described using EBP and TBP as approaches which are required for best practice, these authors recommend a combination of EBP and TBP for Recreation Therapists when working with clients with dementia.

In order to better define best practice in the field of Therapeutic Recreation, one can also argue that competency with the Standards of Practice (SOP) is an important part of best practice. Therapeutic recreation staff who are competent and skilled to complete all areas within the SOP such as assessment, planning, implementation and evaluation as outlined by Therapeutic Recreation Ontario (TRO, 2012), are more likely to include EBP and TBP in their practice (TRO, 2012). Thus, for the purposes of this study, the use of SOP, EBP and TBP will be considered best practice within the field.

## **Organizational Change and Practice Change**

The new model for therapeutic recreation services at BHS challenges the status quo and utilizes the TRSC positions to bring about organizational change through practice change with the implementation of best practice. Organizational Change is defined as “a process in which a large company or organization changes its working methods or aims” (Cambridge University Press, 2013).

Another term that is used to describe this process is “Significant Change (SC)”. Chrusciel (2008) states that:

SC is defined as any change where there is impact on the enterprise due to some radical financial and/or organizational adjustment. It can be referred to as strategic in nature. It can be considered frame-breaking, culture-changing, transforming, radical, revolutionary etc. where one or all four components (people, tasks, technology and structure) are at the impetus. (p. 149)

Chrusciel (2008) also notes that another important element of SC is that it disrupts and removes unwanted workplace behaviours and replaces them with desired ones. The new model at BHS definitely falls in line with SC as it is strategic in nature and will transform care.

As the TRSC positions will play an important role in initiating and implementing organizational change when it comes to the current practice, it is important to note the two required components of organizational change: process and content (Barnett & Carroll, 1995). Referring to organizational change, the authors explain process as the steps taken to implement change, whereas content describes what occurred. In order to achieve organizational change specifically within therapeutic recreation services at BHS, changes in methodology will be required and this is completed through practice change. Donaldson, Rutledge, and Ashley (2004) state that:

the transfer, transformation, and adoption of evidence based practices are strategic imperatives for science and are critical to ensuring the integrity of practices in the health professions... Translation and diffusion of findings into the real world of contemporary health care validate the potential of evidence-based innovation to improve clinical practice and affirm the benefits of society's investment in advancing science. Necessary for translation to fully occur are adoption – a phase when the decision to accept and undertake the change(s) is made; dissemination – when new knowledge is shared with others; and diffusion – the innovation or practice change is spread throughout a system. (p. 542)



## Champions

The new TRSC roles at BHS are designed to create advanced practitioner positions within the discipline. The individuals holding these positions will have particular skills and training that will enable them to change practice and implement both best and next practices within the organization. Even though there is no specific literature on the therapeutic recreation champion, the TRSC positions are poised to be leaders and are based on the current literature found in healthcare.

Shaw and colleagues (2012) note that organizations have been using champions to execute innovations within the workplace for almost 50 years. Furthermore, they recognize the valuable role champions play in the final implementation of new practices especially within the healthcare setting as part of transformational change. In addition, they contend that champions are the “driving force behind the implementation of a wide range of change initiatives in health care settings” (p. 677).

Nonetheless, although they acknowledge the importance of the champion, Shaw et al. (2012) admit that there is very little literature available on the definition of the champion. For the champion to be effective within the healthcare system we need to understand not only the role, but, also, when and where utilization should occur. They regret the lack of research and evidence on this topic:

too often, little or no information is provided about how the champion(s) came to be, what they actually did in this capacity, or how the role may have evolved over time. One of the dangers of not providing sufficient detail about the champion role is that it encourages an assumption that champions have standard behaviours and characteristics and therefore discourages a critical examination of variables that may be important for organizational change efforts. (p. 677)

However, Howell and Shea (2006) describe the qualities of a champion: someone who is able to endorse and support the innovation, express optimism about the success of the new advancement, determine the right people for the innovation and continue moving forward even when experiencing hardship.

To add to the literature that has been published on the role of the champions in the field of Therapeutic Recreation, this writer conducted a small research project to inform this thesis proposal. Twelve participants who have made significant contributions either in academia or clinical practice were selected. In telephone interviews, each was asked what knowledge and practice skills were required of a champion, both generally and in the field of Therapeutic Recreation. To a person, they asserted that Therapeutic Recreation champions are vital to the advancement of the profession. Additionally, they contended that champions needed to be leaders and mentor new clinicians (Hirshfeld, 2014).

### **Characteristics and Skills of Champions**

While there is no literature regarding the therapeutic recreation champion, there are several authors that identify specific characteristics and skills of champions or leaders. In his research study titled *What motivates the significant/strategic change champion(s)*, Chrusciel (2008) summarizes his reading on the subject. He cites Markham (2000) who states that a champion must have a good understanding of the politics within the organization and intelligence to be able to navigate through the political waters. Further, a champion must be viewed by the organization as “credible” (Armenakis, Harris & Feild, 1999) and “flexible” (Pritchett & Pound, 2004). Belasco (1999) adds the champion must also have the ability to complete change but also understand the importance of the change. In addition, he refers to Nadler and Nadler (1998) who assert that the champion must be open to learning and

understanding the benefits in the education and the significance of the new knowledge to the organization (Nadler & Nadler, 1998). Lastly, Chrusciel (2008) notes that many authors identify the need and importance of champions “to have both human capital (personality, experience, competency etc.)(Howell & Higgins, 1990; Jenssen & Jorgensen, 2004) along with social capital (information, trust, reciprocity norms, networking etc.)(Buchanan & Badham, 1999; Hatzakis, Lycett, Macredie & Martin, 2004; Howell & Higgins, 1990; Jenssen & Jorgensen, 2004) in order for the champion to be persuasive of the initiative” (p. 150).

Another researcher, DeMent (1996) states that leaders have the skill to draw out the best in their team when required, that they recognize and exploit the strengths of each team member, therefore allowing for individuals to generate leading edge innovations as part of a larger team. In addition, leaders are continuously ensuring that their team members’ skills and abilities grow. This author also notes that leaders know their own personal strengths and weaknesses and are able to use these effectively. Finally, DeMent (1996) affirms that leaders must understand the current state of their organization and use this knowledge to identify the vision for the future and to lead the transition to the desired state.

Bachiochi, Rogelberg, O’Connor and Elder (2000) also describe the different qualities of a team leader. They state that the team leader “provides guidance and support and has ultimate responsibility for the outcomes of the team” (p. 11). To be able to do this, the team leader must draw on their background and expertise within the specific area, be effective in task oriented skills, have good interpersonal skills, have exemplary communication skills, abilities to liaison and network and lastly, demonstrate the personal characteristics of self-confidence, consistency and flexibility. Lastly, Bachiochi et al. (2000) acknowledge the work by Zenger, Musselwhite, Hurson and Perrin (1994) who note in their findings that team leaders must:

- (1) Build trust and inspire teamwork
- (2) Facilitate and support team decisions
- (3) Expand team capabilities

They must also:

- (4) Create a team identity
- (5) Make the most of team differences
- And
- (6) Foresee and influence change (Bachiochi et al., 2000, p. 12).

Schubert (1995) also identifies the role of the team leader as one who is charged with the job of bringing out the best within the team to thus enable it to achieve its goals. In addition, the author argues that the leader needs to be recognized as a subject matter expert within their area of work. Lastly, Shaw et al. (2012) speak of the need for the champion to have “facilitative leadership qualities, which include the ability to empower staff and create psychologically safe and respectful environments for culture change”(p. 683). These authors also state that change champions require ownership over the process in order to be successful.

With input from the interviewees in the small research study completed, this writer was able to develop a working description and definition of a champion. A Therapeutic Recreation champion is a dedicated professional, who, with well seasoned leadership skills, exerts a positive influence and leads by example. Seen as pioneer by colleagues, a champion is able to advance initiatives that not only have a positive impact on the profession but also promote the profession to others outside of the profession. These individuals use their passion, energy; positivity and perseverance to inspire others (Hirshfeld, 2014).

As well, study participants outlined the skills required for a champion. First, a champion must have strong foundational knowledge of therapeutic recreation practice. A champion must also have exceptional oral and written communication skills and be an active listener who uses

these skills to develop therapeutic relationships that are fundamental to success. Moreover, champions must have a good understanding of the different systems both within and outside their organization and be able to navigate effectively through these in order to move forward their initiatives. The study participants believed that in order for champions to be successful these roles, they need good mentors, professional colleagues and workplace that allows for continued development of their skills. Lastly, it was acknowledged by study participants that their personal qualities were developed from their own upbringing, life events, family life, values and innate personality. In sum, this study allowed the writer to determine that the champion is someone who is striving towards excellence in all their actions, who continuously hones their skills and has a thorough understanding of the current landscape within the field (Hirshfeld, 2014). As the TRSC positions Baycrest Health Sciences are champion roles with a focus on innovation, quality care and advancement of the field, it is imperative that the training program aids in the development of these skills as noted by the above TR champions involved in the above study and this was incorporated into the training program itself.

### **Skills Identified for Training Champions**

Outside from the therapeutic recreation discipline, there is some literature available from healthcare and the business world that describes training that would help champions to succeed. This literature added to the information collected in the small research project just outlined and informed the development of the training program. The following areas that are described are identified by the researchers as important skills to develop as part of the training process.

First is communication. Thacker (1997) recognizes the importance of leaders developing a communication style that allow them to be “consultative and team oriented versus directive

and assertive” (p. 146) as this promotes “team creativity” (p.146) and resourcefulness. Dew (1995) also acknowledges the value of communication skills but specifically focuses on the need for training of leaders in the areas of active listening as described by Carl Rogers. Bachiochi et al. (2000) also identify active listening as an important component of the ability to “communicate information, provide feedback, and communicating a vision” (p. 17). Lastly, Dew (1995) and Schubert (1995) both state that training should prepare leaders to be able to facilitate participative meetings with their teams.

Another area of importance is interpersonal skills. According to Bachiochi et al. (2000) interpersonal skills consists of being able to manage conflict, being able to persuade and influence team members, and coaching, mentoring and supporting others. Dew (1995) also agrees that leaders need to be trained in conflict management, teaching skills to team members and coaching and mentoring.

Next is task oriented skills. This involves training individuals, so they are able to be planners and organizers, effective decision-makers and problem-solvers as well as facilitators of the process and motivators. Finally have the ability to delegate and share power (Bachiochi et al., 2000). Dew (1995) concurs, recognizing the need for leaders to learn how to facilitate group decision making.

As well, another important part of training is that of developing liaison skills. This includes learning how to network appropriately and how to be accountable and take responsibility (Bachiochi et al, 2000). Dew (1995) also believes that leaders need to learn how to establish goals and outcomes.

One last skill that is mentioned in the literature is that of background and expertise. Bachiochi et al. (2000) state that it is of utmost importance that the leader is the subject-matter

expert and also has an understanding of the organization and political issues. Finally, Dew (1995) states that all leaders need to have leadership education and training in order to be successful.

Lastly, in the small research project completed by this writer outlined in this chapter, the study participants were asked what training would be beneficial to future TR champions. Most study participants believed that it was essential that champions receive leadership training specifically in the areas of theory, practical skills and styles. They contended that in order for champions to fully understand their role and their own strengths in order to envision and achieve their initiatives, such training is mandatory. Moreover, as the champions are leaders in their field, they must have advanced understanding of the profession and the foundational knowledge in Therapeutic Recreation to support both the implementation of best practices and the innovation of next practices. The ability to both conduct and utilize research is also vital to advancement of the profession. Finally, champions must be able to envision initiatives and set goals to achieve them (Hirshfeld, 2014). Most of the above-mentioned components, suggested by the study participants as crucial for the success of TR champions, have been incorporated into the Baycrest training program for TRSCs.

## **BHS Training Sessions**

The training sessions that have been developed for this study have used the current literature on champions, the data gathered from the small research project completed by this writer and information on various topics from subject matter experts. The topics include: Discovering Your Strengths, Everyday Leadership, Team Collaboration, Motivational Interviewing and Strengths-Based Practice and application of the Leisure Well-being Model.

Each session will follow the same format: an introduction, which will include a general overview, ground rules and a pre-test. This will be followed by the specific content for each session and then will end with a discussion of the “take aways” and “AHA moments” and participants will complete a post-test and an evaluation. All training sessions have been designed to incorporate experiential learning, discussion, and practical application.

Dr. Colleen Hood from Brock University facilitated the first training session. It focused on staff members understanding their own strengths and how to build on these as well as how to utilize the strengths of their team members in order to increase effectiveness within these roles and as a team. This session incorporated ideas from *Go Put Your Strengths to Work* by Buckingham (2007) and *Strengths Finder 2.0* by Rath (2007) and was comprised of the following components:

1. The background of the strengths movement
2. What is a strength and the benefits of discovering and utilizing strengths
3. Completion of the Gallup’s Strength Finder test
4. Discussion of own strengths and how to capitalize on strengths in the workplace and as a team

The second session was facilitated by Joel Borgida from the Organizational Effectiveness department at BHS. This session focused on everyday leadership skills based on the ideas from the works of Kouzes and Posner (2012) as outlined in the *Leadership Challenge*. It incorporated essential leadership skills and comprised the following:

1. The difference between management and leadership
2. Understanding their role as a TRSC
3. Effective Communication Skills which include giving and receiving feedback



4. Conflict management and difficult interactions
5. Coaching and Mentoring
6. Self-Development plan for future leadership skills

Lisa Sokoloff and Faith Boutcher from the Academic Education Department at BHS facilitated the third session, which focused on collaboration and team work. It looked specifically at developing the skills needed for interprofessional collaboration, education and team work, which are important both within the TRSC team itself and within their clinical teams. The learning in this session involved the following:

1. Introduction to Interprofessional Education (IPE) and Interprofessional Collaboration (IPC)
2. Different approaches in IPC
3. Interprofessional teams roles and responsibilities
4. Team Work and Collaboration

The next session was facilitated by Christina Van Sickle, Professional Practice Chief of Social Work from BHS. It focused on Motivational Interviewing (MI) which will be a necessary skill for the TRSC staff in order to assist their team members with change. The MI session introduced the stages of change and the techniques used. The session was informed from the two readings from the course RECL 4P92 by Rosengren (2009) and Reniscow, Dilorio, Soet, Borelli and Hecht (2002) and included the following:

1. Stages of treatment and change
2. Spirit and Goal of MI
3. How to start and opening strategies which include specific principles of MI such as OARS (Open-ended questions, Affirm, Reflective listening, and Summarization)

4. How to create change talk and tools for this
5. How to “roll with resistance”

The last session focused on the application of both strengths-based practice and the Leisure Well-being Model (LWM) (Hood & Carruthers, 2007), which will be the foundation for therapeutic recreation services at BHS. A key focus for the BHS strategic plan 2013-2018 is meaningful engagement, optimal health and well-being (Baycrest, 2013). In order to align therapeutic recreation services with the strategic plan and the soon -to-be launched Baycrest Model (Stern & Goss, 2014), the department requires a new framework that utilizes a person-centred approach that moves away from the medical model and focuses on well-being, all elements of the LWM. Dr. Colleen Hood facilitated and utilized the following:

1. Introduction to Strengths Based Practice (SBP)
2. Connection to Person-Centred Movement
3. Why use SBP?
4. Introduction and revisit of the LWM
5. Connection of the LWM and SBP
6. Introduction of some facilitation techniques that can be used as part of therapeutic recreation services such as Behavioural Activation Therapy (BAT), Narrative Therapy, and Commitment and Acceptance Therapy (CAT)

## **Conclusion**

With the current landscape in healthcare and the new funding model, therapeutic recreation services more than ever need to showcase the value and efficiency of the care provided. To this end, BHS has created a new position called the TRSC that is part of the new

framework within the department. It will have a prominent role in practice change within the department. The literature and research project outlined in this chapter has been used as the foundation for the training that has been developed for the TRSC positions at BHS. This study has considered the effectiveness of the new TRSC training program.

## **CHAPTER THREE - METHODS**

### **Introduction**

As outlined in the previous chapters, the new framework at BHS is intended to enhance the current state of therapeutic recreation services. This model will deploy advanced practitioners (TRSC) who will be expected to perform at a new higher level than others within the department. In order to enable and empower these individuals to thrive in their new positions, BHS implemented five training sessions that will incorporate important learning and skill acquisition.

To determine the effectiveness and success of the training program, this research study utilized both case study and program evaluation as part of its methodological considerations. In addition, this chapter describes the criteria for sample selection, site information and the process for data collection and analysis. Lastly, it addresses both researcher reflexivity and trustworthiness.

### **Case Study Method**

This study used a combination of case study and program evaluation to determine the efficacy of the training program at BHS. Creswell (2003) defines case study as a qualitative approach:

in which the researcher explores in depth a program, an event, an activity, a process, or one or more individuals. The case(s) are bounded by time and activity, and researchers collect detailed information using a variety of data collection procedures over a sustained period of time, (p. 15)

Other authors note similar explanations of case study and describe it as a process that completes an in-depth description and analysis of a single entity or case which is often referred

to as a bounded system (Fitzpatrick, Sanders & Worthen, 2004; Merriam, 1998, 2009; Patton, 2004).

Merriam (2009) states that case studies have three specific features: particularistic, descriptive and heuristic (p. 43). The term particularistic refers to the fact that case studies focus on a particular phenomenon (event, situation or program) of which the individual case is recognized for its importance, its findings and what it signifies. The term descriptive points to the requirement that the researcher must complete a “rich” and “thick” description (Merriam, 2009, p. 44) of the case study. Lastly is heuristic, which means that the case study must “illuminate the reader’s understanding of the phenomenon under study...[where the case study]... can bring about the discovery of new meaning, extend the reader’s experience, or confirm what is known” (Merriam, p. 44, 2009).

Although there are many types of case studies (historical and observational, intrinsic and instrumental, and multisite), Merriam (2009) recognizes the effectiveness of case study in evaluation. She states that “evaluative case studies involve description, explanation, and judgment” (p. 49). She further reports that Guba and Lincoln (1981) determine that case study is the most appropriate method for evaluation as “it provides thick description, is grounded, is holistic and lifelike, simplifies data to be considered by the reader, illuminates meanings, and can communicate tacit knowledge” (p. 49). Lastly, she notes that the information found in case study assists the researcher in making judgment, which is required for evaluation. Patton (2002) agrees that case studies are “particularly valuable in program evaluation when the program is individualized, so the evaluation needs to be attentive to and capture individual differences among participants, diverse experiences of the program, or unique variations from one program setting to another” (p. 56). In addition, Patton (2002) argues that detail-oriented case studies are important especially in program evaluation because instead of just determining whether

indicators are met, a case study “better illuminates what worked and didn’t work along the journey to outcomes – the kind of understanding a program needs to undertake improvement initiatives” (p. 152).

Every type of methodology has its own strengths and limitations; case study is no different. Merriam (2009) notes this method has many strengths. The first is the ability of the case study to investigate “complex social units consisting of multiple variables of potential importance in understanding the phenomenon” (p. 51). Moreover, it allows the researcher to look at life within normal context and to then complete a detailed explanation of that experience. This type of research can then offer different insights to the reader. In addition, it uses the conclusions drawn to help determine future hypotheses and research that can, in turn, advance the field. A second strength of case study is the ability to use the learning from the particular case and apply it to other situations (Merriam, 2009). The reader can do this due to the strong narrative and the fact that it is the reader, not the researcher, who determines the applicability to other contexts or situations.

With strengths always come limitations and case study has several (Merriam, 2009). The first is the requirement of case study to provide a thick and rich description and analysis of the experience being studied; however, not all researchers have the time to complete this. Even if time wasn’t an issue, another limitation could be that a case study is “too lengthy, too detailed, or too involved for busy policymakers and practitioners to read and use” (Merriam, 2009, p. 52). She notes that the amount of detail is up to the individual researcher.

A second limitation of case study is the investigator herself. As the researcher is the “key instrument” (Creswell, 2007, p. 38), there can be issues related to “sensitivity and integrity” (Merriam, 2009, p. 52). This can be due to incomplete professional training necessitating that the researcher rely on her own skills and abilities throughout the study.

Another problem with case study again is that an opportunistic researcher could be unethical (Merriam, 2009). For instance, an unprincipled researcher can pull only the information that she wishes to select instead of sharing all the results. This is of particular concern in case studies used for evaluative purposes. Merriam (2009) advises that readers and researchers alike need to be attuned to the different biases that could be found in the narrative.

The final limitations revolve around the areas of reliability, validity, and generalizability (Merriam, 2009). Case study has been criticized for its poor portrayal of the investigation and the lack of rigor in the areas of data collection, framework and analysis of the materials.

## **Program Evaluation**

Over the years, program evaluation has changed significantly from simply judging the value of something (Scriven as cited in Fitzpatrick et al., 2004) to the current definition, as “the identification, clarification, and application of defensible criteria to determine an evaluation object’s value (worth or merit) in relation to those criteria” (Fitzpatrick et al., 2004, p.5). To complete evaluation, one must use:

inquiry and judgment methods, including: (1) determining standards for judging quality and deciding whether those standards should be relative or absolute, (2) collecting relevant information, and (3) applying the standards to determine value, quality, utility, effectiveness, or significance. It leads to recommendations intended to optimize the evaluation object in relation to its intended purpose(s) or to help stakeholders determine whether the evaluation object is worthy of adoption, continuation, or expansion (Fitzpatrick et al., p.5).

Further, the authors Fitzpatrick et al. (2004) note that there are important differences between research and evaluation. The main purpose of research is to “seek conclusions” (p. 6) whereas “evaluation leads to judgment” (p.6).

There are two basic types of evaluation: formative and summative. The primary purpose of formative evaluation is program improvement, whereas summative evaluation is concerned with “providing information to serve decisions or assist in making judgments about program adoption, continuation, or expansion” (Fitzpatrick et al., 2004). The authors also note that the audiences are different for both types of evaluation as formative is often for those who deliver the programs while summative evaluation is for “potential consumers (students, teachers, employees, managers, or health officials in agencies that could adopt the program), funding sources (taxpayers or a funding agency), and supervisors and other officials as well as program personnel” (p. 18). Lastly, the writers reason that both formative and summative methods are vital elements in evaluation as programs require both assistance in the early stages to support and improve program development, but, also in the latter stages, when the agency needs to judge the merit and future of the program.

As with case study, there are also strengths and limitations that can be found in program evaluation. Scriven (1991) argues that:

The process of disciplined evaluation permeates all areas of thought and practice...It is found in scholarly book reviews, in engineering's quality control procedures, in the Socratic dialogues, in serious social and moral criticism, in mathematics, and in the opinions handed down by appellate courts...It is the process whose duty is the systematic and objective determination of merit, worth or value. Without such a process, there is no way to distinguish the worthwhile from the worthless (p.4).

Scriven (1991) clearly outlines the importance of evaluation and the positive impact it has in many different areas. However, some individuals mistakenly conclude that evaluation can fix all the current societal issues. Fitzpatrick et al. (2004) observe that evaluators can sometimes over-promise results that are not possible and these, therefore, cannot lead to the wanted improvements. The reason for failure is often issues in conceptualization and conduct as well as poor consideration of other factors (Fitzpatrick et al., 2004). Another fundamental



problem with evaluation is the assumption that when evaluation is completed it can correct all the issues within the phenomenon itself (Fitzpatrick et al., 2004). Evaluation is often only the first step in determining possible solutions as it “serves to identify strengths and weaknesses, highlight the good and expose the faulty, but it cannot singlehandedly correct problems” (p. 27).

This study used an objectives-oriented evaluation approach. Fitzpatrick et al. (2004) state that “specifying goals and objectives and determining the extent to which they have been attained” (p.68) is the purpose of this approach. They further argue that the results from this type of evaluation “could be used to reformulate the purposes of the activity, the activity itself, or the assessment procedures and devices used to determine the achievement of purposes” (p. 71). Before using this approach, they suggest that the researcher should fully evaluate the potential goals or objectives using either a logical or empirical method or a combination of both. Fitzpatrick et al. (2004) define a logical evaluation as one that “would focus more on the justification for program goals, the feasibility and utility of goals, and whether goals conflict with other societal or organizational values” (p. 85), whereas empirical evaluation focuses on determining whether the goals are attainable based on data and pilot groups conducted before the program evaluation occurs.

## **Mixed Methods**

As case study has a strong ability to evaluate and judge, it along with program evaluation will be used as the methodological framework for this study on the effectiveness of the BHS training program. Both case studies and program evaluations can use a mixed methods format. Creswell (2003) reports that mixed methods involve “collecting and analyzing both forms [qualitative and quantitative] data in a single study” (p. 15). Tariq and Woodman (2013) state that:

The underlying assumption of mixed methods research is that it can address some research questions more comprehensively than by using either quantitative or qualitative methods alone. Questions that profit most from a mixed methods design tend to be broad and complex, with multiple facets that may each be best explored by quantitative or qualitative methods (p.2).

There are three different ways to employ mixed procedures in research: sequential, concurrent, and transformative (Creswell, 2003). When a researcher starts with either qualitative or quantitative methods and then follows up with the one not used in order to further develop the results, she is using sequential. When the researcher completes the collection of both the qualitative and quantitative data at the same time in order to complete a full investigation of the problem, she is using concurrent. Lastly, when “the researcher uses a theoretical lens as an overarching perspective within a design that contains both quantitative and qualitative data” (p. 16) she is using transformative. When completing this strategy, researchers may use either a concurrent or sequential approach for data collection.

For this study, a concurrent triangulation strategy was used “to confirm, cross-validate, or corroborate findings” (Creswell, 2003) as to the effectiveness of the training program. The collection of both types of data occurred simultaneously and both applications had equal priority. A benefit of this strategy is that the researcher can improve the credibility of the research. In addition, the results from both methods will be integrated during the analysis phase, which, according to Creswell (2003), can be used to either strengthen findings or “explain any lack of convergence” (p. 217).

Creswell (2003) notes that a concurrent triangulation strategy is beneficial for three reasons: First, it is well-known to researchers. Secondly, it can result in “well-validated and substantiated findings” (p. 217) and lastly, it allows for a shorter period of time for data collection. However, there are limitations to this approach such as the need for professional

expertise, the difficulty in comparing results in two different formats and the possibility that the researcher may lack clarity as to how to resolve inconsistencies that may appear (Creswell, 2003).

## **Methods**

The following section will outline the specifics of the site, participant selection, data collection and analysis of data for this study. It also addressed trustworthiness, ethical considerations and limitations.

### **Site Information**

Baycrest Health Sciences (BHS) is an academic healthcare delivery system fully affiliated with the University of Toronto, serving 2500 seniors per day. It is home to a globally recognized and innovative continuum of healthcare, wellness and prevention programs and services (Baycrest, 2013).

At BHS, we serve seniors across the Greater Toronto Area (GTA) within the following settings: a hospital, a long-term care facility, residential and community-based programs and outpatient medical clinics. The study involved participants who work in Therapeutic Recreation across all areas of BHS.

### **Participant Information**

The participants for this research study were the six Therapeutic Recreation Specialist – Certified (TRSC), who are advanced practitioners at BHS. All individuals involved graduated with a university degree either with a specialization in therapeutic recreation or with a related university degree such as kinesiology or sociology with a post-graduate diploma in therapeutic recreation. This study focused on the learning acquired by these individuals within the training

program and the success in developing skills necessary to be a team leader or champion in the areas assigned at BHS.

## **Training Program Information**

The training program for the TRSC staff comprised five different training sessions that were each two hours long in duration with the exception of Everyday Leadership, which was four hours. The topics as mentioned in Chapter Two provided important learning and skill acquisition for the TRSC positions in the following areas: Discovering Your Strengths, Everyday Leadership, Team Work and Collaboration, Motivational Interviewing and Strengths Based Practice in Therapeutic Recreation. The subject matter expert presented each session (as the researcher was solely an observer) and used a combination of informational and experiential learning. (See Appendix B).

Each of the developed sessions used a comprehensive and specific program design as described by Peterson and Stumbo (2000). It included Terminal Program Objectives (TPOs) which can be defined as “general outcome statements” (p.111) and Enabling Objectives (EOs) which are “specific targeted behaviours around which the rest of the system is designed” (p.112). Within each EO, there is a specific performance measure that identifies “the selected and desired outcome behaviours of the program” (p.117). Each performance measure contains a condition, behaviour and criteria in order to ensure accuracy when evaluating the success of each EO. In order to develop the content required using task analysis, the EO is broken down into “concrete tasks, behaviours and activities....needed to accomplish the intent of the EO” (p. 122). Once the content is completed, the process is established as to what is presented to the participants.

## Data Collection

As this study used mixed methodology, both qualitative and quantitative data were collected.

### Qualitative Data

Qualitative data was collected by means of focus group, participant information questionnaire, facilitator's interview, researcher's observation of the training sessions and reflective journal. Focus group is defined as "an interview style designed for small groups...[which] are either guided or unguided discussions addressing a particular topic of interest or relevance to the group and the researcher" (Berg, 2004, p. 123). The focus group questions were developed from the goals of the study and the small research project completed prior to this study by the writer. The purpose of these questions was to determine the experience of the participants in the session, whether or not the topics were beneficial, possible additional topics that could be offered in the future and potential application into practice. In addition, it asked questions about the value of the TRSC positions both within BHS and externally, as well as the future of the profession and the skills needed to practice in the future. The focus group took place one month after completion of the final session of training, so that participants had a chance to reflect on the training and determine its usefulness. This hour long session was audio-recorded.

The following table outlines the questions asked during the focus group:

<i>Table 1 - Focus Group Questions</i>	
1.	When you think of being a champion, what comes to mind? What does it mean to you? What images? What feelings?
2.	How would you define the therapeutic recreation champion? What do you feel is the

knowledge and skill set required to be a therapeutic recreation champion?
3. In order to become champions or leaders in the field, what topics or areas of professional development would you include in a training program?
4. In what ways do you think this training session prepared you for your TRSC position as a TR champion and helped you grow professionally?
5. Which topics do you think were most beneficial to your learning? Least beneficial? Why?
6. In what ways do you think this training will change the current way you practice therapeutic recreation?
7. If this program were to be offered in the future, what additional topics might you include?
8. What was your experience during the training? What was positive and why? What needed improvement and why?
9. In your view, what is the value of the TRSC position in moving the therapeutic recreation field forward both internally at Baycrest and externally across the province, country and internationally?
10. Where do you see the field of therapeutic recreation in the next 5, 10 and 15 years? What skills are required for future clinicians?

In addition to the focus group questionnaire that was completed at the end of the study with all study participants, there were also 5 post session interviews that took place with the session facilitators. The post-session interview asked seven questions relating to the facilitator's thoughts and opinions about what supported the learning of the various content areas, whether study participants were now able to perform the skills learned, what went well and didn't go well in the session and lastly about what they might do differently if they were to facilitate this session again. Each post-session varied slightly based on the content for the session (Appendices I to M). These were also audio-recorded.

Another important part of the data collection was the participant demographics. The participants were given a questionnaire (Appendix N) that asked them to identify their years of experience, academic training, additional certifications and training, awards and significant accomplishments.

During each of the training sessions, observational fieldnotes were collected “on the behaviour and activities of individuals at the research site” (Creswell, 2003) by the researcher. The fieldnotes were highly descriptive and included details of the setting, the participants, the activities as well as participants’ direct quotations and the observer’s comments. This was documented in the training session outline in the content and process area in a column titled “participant response” (Appendix A). This was followed up with a written version of the fieldnotes, as Merriam (2009) advises that once the session is completed, fieldnotes need to be “written, typed, or dictated as soon after the observation as possible” (p. 129).

Lastly, a reflective journal was kept by the researcher throughout the data collection process. This journal recorded the thoughts and feelings of the researcher as she went through the process and has been used as part of the analysis. For instance, the researcher recorded her reactions to the participants’ words and actions and their response to the material and the presenters.

### **Quantitative Data**

In addition to qualitative data, quantitative data was also collected. As mentioned previously under program evaluation, one approach that was taken was the use of objective-oriented evaluation. This looked specifically at the match between the original objectives and their achievement during the training. This can be seen in Appendix B.

Another method that was used for quantitative data collection was the pre and post-test method administered at both the start and end of each session. The scales that were used to collect the data asked the participants about their own confidence and knowledge on the topic both before and after the session. In Session One, *The Strengths Knowledge Scale* by Govindji and Linley (2007) was used to determine the participants' awareness of their personal strengths. The other scales based on the content of the training were developed by this writer to determine the confidence of the participants on the content areas of each session and are titled *Leadership Self-Assessment Scale*, *Team Work and Collaboration Self-Assessment Scale*, *Motivational Interviewing Self-Assessment Scale* and *Strengths Based Practice and Leisure Well-being Model Self-Assessment Scale*.

To be statistically significant, a researcher is required to have a large sample in order to use processes such as t-test. Due to the small sample of this study (six participants only), Creswell (2003) recommends using descriptive statistics to report the findings of the pretest and post-test measures. He further defines that these statistics are "means, standard deviations, and ranges" (p. 172).

The specific data collection methods that were used for each of the sessions and at the completion of the study are outlined in the following table:

<i>Table 2 - Data Collection Methods</i>	
Session 1 – Discovering your Own Strengths	<ul style="list-style-type: none"> <li>• Participant Demographics Questionnaire (Appendix N)</li> <li>• Strengths Knowledge Scale – completed at pre-test and post-test by Govindji and Linley (2007) (Appendix C)</li> <li>• Fieldnotes compiled by the researcher</li> <li>• Facilitator Interview (Appendix I)</li> <li>• Objective –oriented evaluation of Terminal Program Objectives (TPOs) and Enabling Objectives (EOs) (as seen in the program plan in Appendix B)</li> </ul>



	<ul style="list-style-type: none"> <li>• Researcher completed reflective journal</li> </ul>
Session 2 – Everyday Leadership	<ul style="list-style-type: none"> <li>• Leadership Self- Assessment Scale – completed at pre-test and post-test (Appendix D)</li> <li>• Facilitator Interview (Appendix J)</li> <li>• Fieldnotes compiled by the researcher</li> <li>• Objective – oriented evaluation of TPOs and EOs (as seen in the program plan in Appendix B)</li> <li>• Researcher completed reflective journal</li> </ul>
Session 3 - Team work and Collaboration	<ul style="list-style-type: none"> <li>• Team work and collaboration Self-Assessment Scale – completed pre-test and post-test (Appendix E)</li> <li>• Facilitator Interview (Appendix K)</li> <li>• Fieldnotes compiled by the researcher</li> <li>• Objective – oriented evaluation of TPOs and EOs (as seen in the program plan in Appendix B)</li> <li>• Researcher completed reflective journal</li> </ul>
Session 4 - Motivational Interviewing	<ul style="list-style-type: none"> <li>• Motivational Interviewing Self-Assessment Scale – completed pre-test and post-test (Appendix F)</li> <li>• Facilitator Interview (Appendix L)</li> <li>• Fieldnotes compiled by the researcher</li> <li>• Objective – oriented evaluation of TPOs and EOs (as seen in the program plan in Appendix B)</li> <li>• Researcher completed reflective journal</li> </ul>
Session 5 - Strengths-based Practice and Leisure Well-being Model	<ul style="list-style-type: none"> <li>• Strengths-based Practice and LWM Self-Assessment Scale – completed pre-test and post-test (Appendix G)</li> <li>• Facilitator Interview (Appendix M)</li> <li>• Fieldnotes compiled by the researcher</li> <li>• Objective – oriented evaluation of TPOs and EOs (as seen in the program plan in Appendix B)</li> <li>• Researcher completed reflective journal</li> </ul>
Wrap-Up upon completion of the training	<ul style="list-style-type: none"> <li>• Focus Group – Semi-structured Interview (Appendix H)</li> </ul>

## **Data Analysis**

Creswell (2003) states that there are several different mechanisms involved in data analysis in qualitative research and that:

The process of data analysis involves making sense out of text and image data. It involves preparing the data for analysis, conducting different analyses, moving deeper and deeper into understanding the data, representing the data, and making an interpretation of the larger meaning of the data (p.190).

Specifically for research analysis of the qualitative data in the area of case study, Merriam (2009) advises that one must first organize all the data or materials, so they are easily accessible. She references Yin (2008) who names this as the “case study database” (p. 203): organized data that the researcher can access during the thorough analysis. She further recommends the use of categories, themes, models or theory when analyzing the transcripts and fieldnotes that are common in all types of qualitative research.

Yin (1994) recommends that every study should have a strategy for analysis that can guide the researcher in the exploration and the rationale. He suggests three different techniques: pattern-matching, explanation building and time-series analysis. Trochim (1989) noted that pattern-matching is one of the best methods for data analysis. This method involves weighing a forecasted pattern with a confirmed one.

Another form of pattern-matching is explanation-building. For this method, the researcher uses the analysis process to build an explanation of the case itself (Tellis, 1997). Tellis (1997) states that this is “most useful in explanatory case studies, but it is possible to use it for exploratory cases as well as part of a hypothesis-generating process” (para. 56). He further

explains that “explanation building is an iterative process that begins with a theoretical statement, refines it, revises the proposition, and repeating this process from the beginning”(para. 56). Although this approach is noted to be problematic at times for the researcher, due to a possible “loss of focus”, a researcher can protect herself by being aware of the issue (Tellis, 1997).

For the qualitative data analysis, the researcher ensured that a rich and thick description of the case itself occurred. In addition, explanation-building was included with the data collected from the observations and interviews to identify specific categories, themes, models and theories relevant to the training sessions at BHS. This was completed by the transcription of all facilitator interviews and the focus group. After the transcription was finished, the researcher then colour coded themes with markers and organized themes into categories using post-it notes. After cross-examining the data five times, it was determined by the researcher that there were no new themes or information in the transcriptions and that it had reached saturation.

Lastly, quantitative analysis was applied to two specific components. The first were the specific scales used as pre and post-tests of each session to determine success with the learning acquired during the training sessions. Second, an empirical evaluation was used to determine whether the TPOs and EOs were attainable based on the data collected. The information gathered from both of these methods used descriptive statistics for the analysis (Fitzpatrick et al., 2004) that looked specifically at the means and the range of scores.

## **Triangulation**

As described in the middle of this chapter, concurrent triangulation is beneficial in confirming the results of the study and is used to determine validity. Denzin (1978) suggests four different types of triangulation that can be used to determine the validity of a study: multiple methods, multiple sources of data, multiple investigators or multiple theories.

Merriam (2009) notes that “triangulation using multiple sources of data means comparing and cross-checking data collected through observations at different times or in different places, or interview data collected from people with different perspectives or from follow-up interviews with the same people” (p.216).

As discussed previously, this study used multiple methods for data collection. The researcher compared the scores from the scales with the transcription from both the focus group and facilitator interviews. The researcher also provided opportunities for the facilitators to review the completed transcriptions. In addition, the pre-test and post-test scores were evaluated against each other to determine the learning that occurred. These various methods allowed the researcher to determine their legitimacy.

## **Trustworthiness**

In addition to triangulation, Krefting (1991) notes the importance of rigor in qualitative research. In her article, she describes the model put forth by Guba (1981) in which she explains four specific principles that can be used to evaluate research: truth value, applicability,

consistency and neutrality. These components were used in this study to determine rigor or trustworthiness.

#### A) Truth Value

Truth value refers to “whether the researcher has established confidence in the truth of the findings for subjects or informants and the context in which the study was undertaken” (Krefting, 1991, p. 215). In qualitative research, this is acquired through “the discovery of human experiences as they are lived and perceived by informants” (Krefting, 1991, p.215).

In order to ensure rigor and trustworthiness, Krefting (1991) recommends checking the results with other groups or people who are knowledgeable about the experience. For this particular study, the researcher conducted member checking to ensure the study’s credibility with participants once the data was collected and transcribed. This was completed once the data from both the focus group and facilitator interviews had been transcribed and was issued to participants for their feedback.

#### B) Applicability

Krefting (1991) defines applicability as “the degree to which the findings can be applied to other contexts and settings or with other groups” (p.216). As experiences cannot necessarily be transferred to other settings due to the uniqueness of the research within the qualitative realm, she advises that applicability can be met through other means. For example, Lincoln and Guba (1985), as described by Krefting (1991), argue that it is the role of the reader who wants to apply the findings in the study in another area who has the main responsibility; however, it is necessary for the researcher to provide enough “descriptive data” (p.216) to enable the association. If this condition is met, then the component of applicability is sufficiently addressed.

In this particular study, the researcher provided descriptive data to ensure that others reading the specific findings can make comparisons to other facilities in order for the readers to determine possible transfer of findings.

#### C) Consistency

This component of trustworthiness refers to consistency of findings and the ability to create the same findings if the study was duplicated (Krefting, 1991). Due to the variance in qualitative studies with regard to tools and participants, dependability is used to define consistency instead which involves “trackable variability” (Krefting, 1991, p.216). For this study, the researcher has tracked and explained different causes for variability throughout the course of data collection and acknowledged these appropriately throughout the research process especially in the training sessions.

#### D) Neutrality

Neutrality “is the freedom from bias in the research procedures and results (Krefting, 1991). Krefting (1991) states that “Lincoln and Guba (1985) shifted the emphasis of neutrality in qualitative research from the researcher to the data...They suggested that confirmability be the criterion of neutrality... [and that]...this is achieved when truth value and applicability are established” (p.217). Therefore, in this particular study, if truth value and applicability are met as discussed previously, then the neutrality component will also be met.

### **Ethical Considerations**

Prior to commencing this research study, the researcher completed a submission to the Research Ethics Board (REB) at Brock University and at BHS. When this was approved, in order to address any issues with coercion (as the researcher is also the manager of the potential participants in the study), the Academic Education Department completed the consent portion

of this study on behalf of the researcher and provided detailed information to all participants prior to the study requesting participation through a letter of consent (see Appendix H).

One ethical issue that may have arisen throughout the course of this research was the power differential between the researcher and the participants due to the fact that this group reports to the researcher. At the start of each session, the participants were reminded that there would be no repercussions should they choose to not participate. Fortunately, it did not become an issue during the training.

Another ethical issue that may have occurred is that some TRSC staff may have declined to participate in the study. As all six staff were required to attend the training regardless, as part of the orientation to the new position, there may have been some questions as to how to protect those who have not agreed to participate versus those who have. Although this was not an issue in this study, one way to address for others in future research similar to this may be the completion of the post-test scales in private spaces, in order to maintain privacy and confidentiality. Another possible solution to this issue would be to invite only those who have consented to the focus group and not include the other staff.

Throughout this research study, confidentiality was strictly adhered, to thus ensuring a safe environment for all participants. All audio-taped sessions will ensure confidentiality and, once the research study is completed, this information will be erased and destroyed. Confidentiality will also be maintained during transcription, as all transcribed data will use pseudonyms or numbers instead of names. Lastly, any written reports, publications or presentations will not use any personal identifiers to ensure confidentiality is maintained.

Although the methods described above will only provide limited confidentiality (as the group is aware of who is involved), they ensure that any potential issues regarding retribution or

negative impacts on one's position do not occur based on an individual's participation within this study.

## **Limitations**

There may be some limitations that occur during the study. The first could be the reliability of the data collected from the interviews based on the fact that the researcher is also the manager. The second could be the shortage of information available depending on how many TRSC staff participated in the study. However, neither of these were issues during the implementation of the study.

## **Researcher Reflexivity**

As the researcher is involved in all aspects of the study (data collection, interpretation, and analysis) and is the "key instrument" (Creswell, 2007, p.38), it is important that she identifies her own perspectives as it relates to the research being conducted. "Reflexivity reminds the qualitative inquirer to be attentive to and conscious of the cultural, political, social, linguistic, and ideological origins of one's own perspective and voice as well as the perspective and voices of those one interviews and those to whom one reports" (Patton, 2002, p. 65) especially when there is a personal connection between the researcher and the study.

As a clinician in the field of therapeutic recreation for the past 15 years, I have always had a strong interest in advancing the profession. My success in obtaining my position of Professional Practice Chief for Therapeutic Recreation at BHS was due in part to my enthusiasm for best practice and pushing the boundaries of service. As part of my role at BHS, I have implemented a new framework for therapeutic recreation services that involves training of the new TRSC positions. When I am doing my own research, I have been cognizant of my own



biases throughout this study. In order to be aware of my own biases, I have maintained a journal that tracked my ideas and perceptions throughout the data collection period.

## **Conclusion**

This methods chapter has outlined the pertinent information required for this research study. It has explored both case study and program evaluation, which is the underlying methodology for this study as well as the data collection and analysis that has been completed. In addition, it has investigated specific information regarding the site, participant selection, and ethical considerations. Lastly, it investigated the researcher's own reflexivity plus trustworthiness to provide credibility for this study.

## **CHAPTER FOUR – RESULTS**

### **Introduction**

This chapter presents the results of this study. The first section outlines participant demographics including professional experience, academic qualifications, additional certifications and training and significant accomplishments within the field. The second section outlines each session and is set up with a description of the session itself, the quantitative data from the scales, the facilitator post-session interview and an evaluation of the TPOs and EOs. This chapter then concludes with the data derived from the focus group, which was completed after the training sessions with all the participants.

### **Participant Demographics**

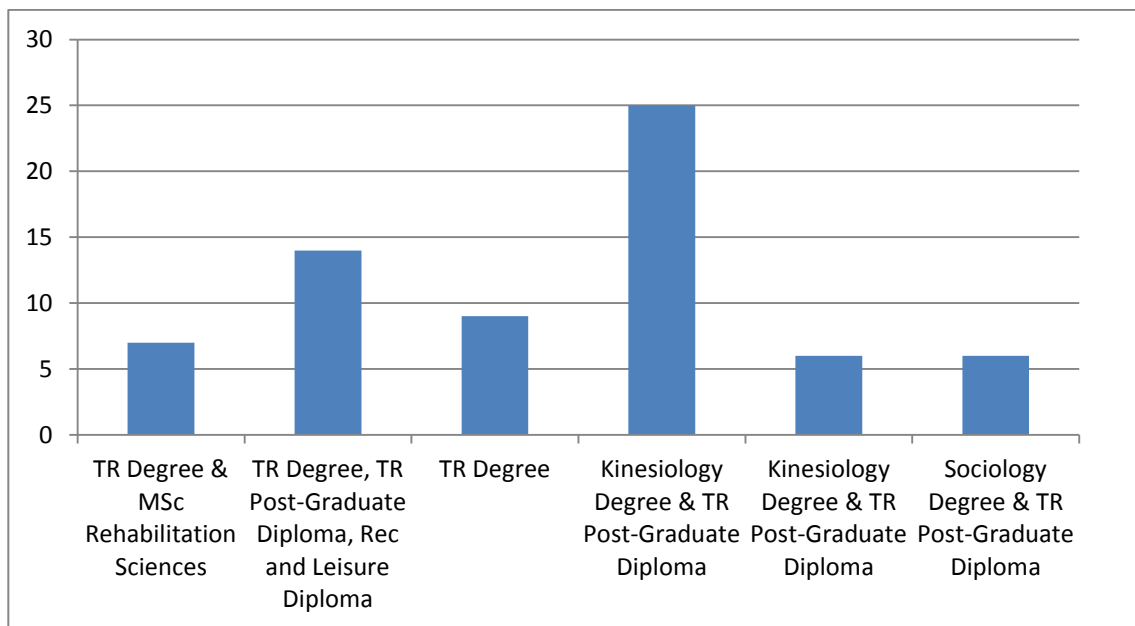
There are six TRSC positions at Baycrest Health Sciences and all six individuals consented to participate in the study. All participants were internal candidates who applied for the TRSC positions after having worked at BHS for many years. Prior to the realignment, all TRSCs had existing relationships with peers and a personal history with the organization. In addition, they also had their own views regarding the recent changes to the TR discipline.

With regard to academic education, all participants have a four year Honours degree with the appropriate coursework to be able to qualify to write the CTRS exam. Currently, there are four participants who hold the CTRS credential and two who will be writing the certification exam this May. Of the six participants, three hold a Bachelors degree in Therapeutic Recreation, two individuals hold a Bachelors degree in Kinesiology and the last individual has a degree in Sociology. Those participants who do not have a degree in Therapeutic Recreation also hold a post-graduate diploma from Georgian College in Therapeutic Recreation or are

finishing this program within the next year. One individual who has a Bachelors degree in Therapeutic Recreation also has a post-graduate diploma in TR from Georgian College and a Recreation and Leisure Diploma from Niagara College. Lastly, in this group, one participant also holds a Master's degree in Rehabilitation Science.

The participants in the study have between 3 and 29 years of experience in the field of Therapeutic Recreation in the roles of both recreation therapist and Recreationist prior to holding the TRSC positions as of September 2014 as well as various volunteer and internship positions. Figure 1 shows the participant's experience:

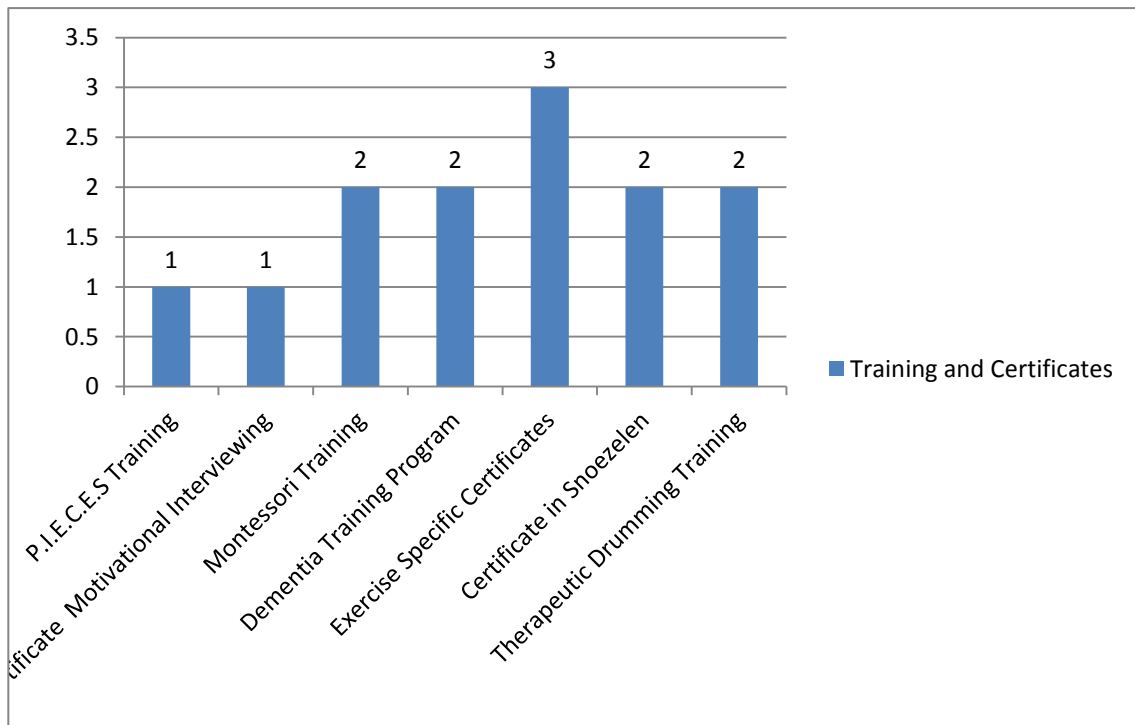
*Figure 1 - Academic Education and Years of Experience*



In addition to the participants' education and years of experience, there are additional trainings that different participants have taken on since they began working in the Therapeutic Recreation field. Two individuals have been involved in different leadership roles with external groups; for instance one participant who was on the Therapeutic Recreation Ontario Board for four years and another is the current co-chair of the Toronto Therapeutic Recreation Network.

Other notables about the participants are their involvement in different courses. Figure 2 shows the training that the participants have completed since working in the Therapeutic Recreation field:

*Figure 2 - Training and Certificates*



Lastly, the survey that was given to participants asked about significant accomplishments within the field. Their accomplishments have occurred within the workplace and have not been presented or transferred to other sources externally. Some of the accomplishments of this group include: co-authoring a publication for caregivers at Baycrest Health Sciences on how to provide therapeutic interventions for loved ones, developing a DVD for staff to use with residents when TR is not available, developing a new assessment tool for TR staff that utilizes standardized assessments to show progress and outcomes made with interventions provided, co-authoring a proposal to increase staffing within the department and

assisting in various initiatives with arts-related associations such as the National Ballet of Canada.

## **Training Results**

This section of the chapter outlines the data collected over the 5 training sessions. It incorporates the content covered in each session, researcher observation notes, facilitator interviews, scores from the pre and post-tests, and performance measures.

### **Session 1 – Recognizing and Developing Our Own Strengths**

This session was completed on Tuesday, February 10<sup>th</sup>, 2015 for two hours with five participants and was facilitated by Dr. Colleen Hood. The session comprised the following content:

5. The background of the strengths movement
6. What is a strength and the benefits of discovering and utilizing strengths
7. Completion of the Gallup's Strength Finder test
8. Discussion of own strengths and how to capitalize on strengths in the workplace and as a team

### **Observation Notes**

The researcher completed field notes for the session, which specifically looked at the participant response to the content presented and discussed. In addition, the researcher also maintained a journal in order to record her own thoughts about the study and the sessions. This section summarizes those findings.

As the researcher, I thought that the overall response to the session was positive. During the session, I observed participants display positive body language and the discussion was lively throughout. There was genuine interest in talking about their own strengths and their significance as well as discovering the strengths of others.

During the session, participants acknowledged that it was beneficial to complete the Gallup Strengths Finder Test; however, some of the participants remarked that they were surprised by the results, as they didn't think that some of the strengths identified necessarily described who they were. When participants made these comments, other participants were supportive and clarified why they thought that these were their strengths. Participants also discussed how they could use each other's strengths in their work unprompted by the facilitator's explicit guidance.

During the session, participants stated that they were extremely interested in having this discussion with their own teams and learning about the strengths of their team members in order to advance their own work within their areas and thought that this would be beneficial as a team building activity. One interesting insight that arose in the session was that it can be hard to determine one's own strengths and that it is often easier to see strengths in others. In addition, participants also were extremely curious about a program run by the facilitator for clients at the Niagara Health System and were eager to have the access to the materials. Due to this keen interest, participants also asked questions of the facilitator as to how to identify strengths in clients and different scales that could be used in practice.

Time constraints made it impossible to cover every topic during the session. There was not enough time, to discuss the topic of how the strengths of others in the work environment

and it was mentioned that this needs to be explored at a different time. The participants appeared excited to explore this topic an upcoming meeting.

Lastly, as the researcher, having had the opportunity to reflect on the session, I find it obvious that the Gallup Strengths Finder tool was extremely useful as it helped the group discover how to support other team members using their own strengths to further the goals of our department. It also was apparent from the discussion that this tool could be beneficial for all staff within my department. It would bring added insight into how to work in their teams but also may provide individuals with the skills to use in practice. In addition, it was helpful to hear the participants explicitly identify their strengths for my own practice, so that I could empower them further. Lastly, I was excited to see the interest of the participants in the program run by the facilitator as providing better care is the future direction for programs at Baycrest Health Sciences, the main reason for the realignment of the department in September 2014.

Finally, in the opinion of the researcher, the session went extremely well. The participants responded positively to the session and were engaged throughout. The session's time constraints however did not allow for completing the content or a full discussion on how to use team strengths to move forward. These would have been a valuable addition to the session and would have allowed the team to think further about their own roles and how to capitalize on their team members' strengths. It could have also benefitted them in their clinical care provision.

### **Facilitator Interview**

A post-session interview that consisted of seven questions was completed with Dr. Colleen Hood. In her answer, the interviewee expressed her thoughts regarding the overall

session, the content and the participants' learning. The first question asked the facilitator's opinion as to whether the participants understood the benefits of capitalizing on each other's strengths as a team. The facilitator responded that in the session although she did not talk *"explicitly about this topic"*, she noted that the fact that the expressed desire for strengths exploration with their teams suggests that they did. However, she questioned whether the participants fully understood the benefits of capitalizing on strengths.

The next question focused on the usefulness of the Gallup Strengths-Finder test and the value of this tool in identifying strengths. The facilitator thought that the tool *"generated some interesting discussion [and] thought it was interesting that the [results] didn't resonate with everybody"*. She also stated that it allowed for meaningful discussion about the *"difference between what our strengths are and what [we] wish [we] were like"*. Moreover, the facilitator noted that the tool provided an opportunity for the participants to discuss future steps and direction for team building and assisted participants in identifying different strengths that could be used by the teams. The facilitator also said that it would be helpful for her to become more familiar and comfortable with the tool itself if future trainings were to occur.

The next question asked specifically about what support helped participants to identify their own strengths. The facilitator commented that participants were able to identify their own strengths through various methods: completion of the Gallup Strengths Finder Test, questioning by the facilitator and work in their dyads. She noted in particular that, *"when they did their work in dyads there [was] a lot of strengths reflecting going on back and forth between the participants so they were using it [to help] each other identify their own strengths"*. The facilitator also noted that it would have been valuable for participants if she had been able to share her *"slides about how to be a better strengths spotter"*.



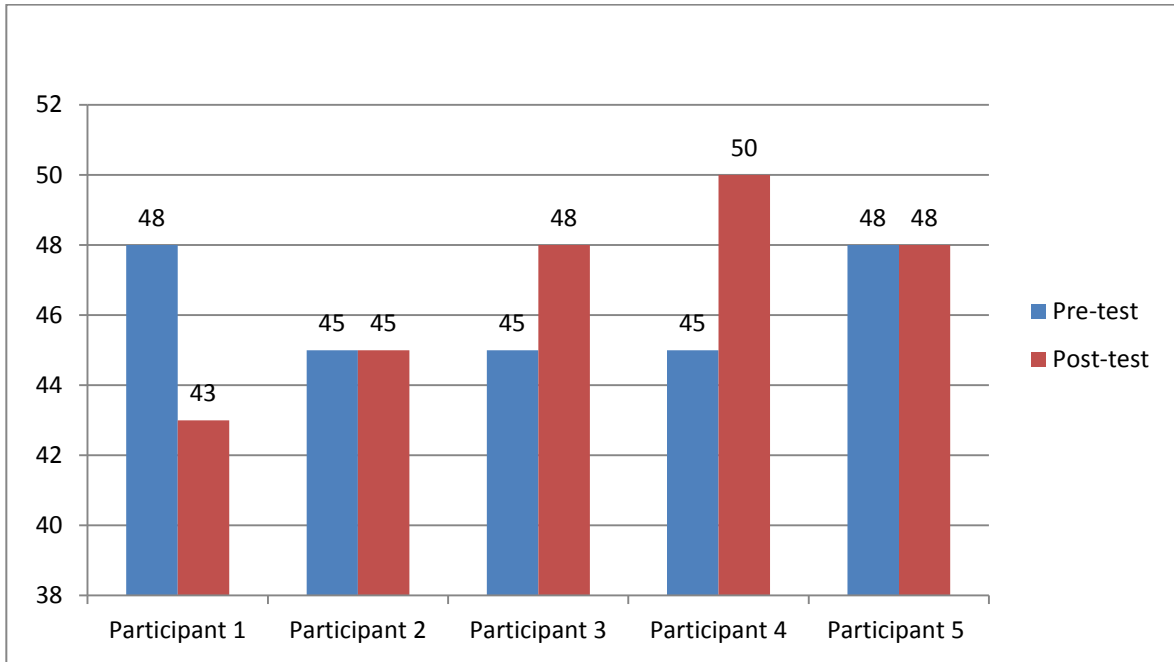
The fourth question asked the facilitator's opinion about the ways participants were able to identify others' strengths and use them to enhance the work of the team. The facilitator remarked that she *"didn't really address [the topic] specifically [but] they kind of came to it intuitively as they were talking about their strengths and how they intersect with the work they do and then they were talking about how each other's strengths were supportive with certain parts of the work"* so therefore, completing the Gallup Strengths Finder and sharing the resulting with the group helped them to see *"how different strengths could be used in teams"*.

The last part of the interview focused on what went well and didn't go well in the session. The facilitator commented that she *"had too much information to share [and that] it would have been better if we had started with the Gallup Strengths Finder [followed by] discussion, then I could have filled in the content around that"*. The facilitator also stated that she believed they already knew some of the content around strengths and because of this she *"started abandoning things"* from the presentation. In addition to this, the facilitator thought that for future sessions, she would start with the Gallup Strengths Finder test and spend more time on application. The facilitator also mentioned that she felt the group was engaged and showed a particular interest in her work at the Niagara Health System. In sum, the researcher and facilitator agreed that this topic could easily become a one-day workshop.

#### **Pre-test and Post-test Data**

At both the start and end of the session, the Strengths Knowledge Scale by Govindji and Linley (2007) was completed by all 5 participants. The average score on the strengths test at the beginning of the session was 46.2/56 and, at the end of the session, the score on the strengths test was 46.8/56. In addition to the average, Figure 3 shows the gains/losses based on the individual participant results from the scales:

*Figure 3 - Pre-test and Post-Test Scores - Session 1*



The data in the graph shows that the Participant 1's score dropped, Participants 2 and 5's scores remained the same as no movement occurred. Participants 3 and 4 made gains by 3 to 5 points on the scales in their knowledge related to strengths.

### Objectives and Performance Measures

The following data represents the achievement of the objectives and performance measures for Session 1:

Objectives and Performances Measures		
PROGRAM: Recognizing and Developing Our Own Strengths		
Terminal Program Objective 1: To demonstrate knowledge of using strengths within the work environment		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate the benefits of using one's	1. Upon completion of the session, the participant will identify 3-4 benefits	<b>No.</b> This topic was not addressed nor discussed

own strengths within the work environment	of why capitalizing on one's strengths within the work environment is important as observed by facilitator.	explicitly in the session.
Terminal Program Objective 2: To demonstrate knowledge of own strengths		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge and understanding of one's own strengths	1. Upon completion of the Gallup Strengths-Finder test, the participant will be able to identify and understand their own strengths as observed by facilitator.	<b>Yes.</b> This test was assigned prior to the session and in later discussion, participants were able to identify their own strengths.
2. To demonstrate knowledge of how to put your strengths to work	2. Upon completion of the session, the participant will demonstrate 3 different ways to capitalize on his/her own strengths within the work environment as observed by the facilitator.	<b>Yes.</b> The discussion of the test results test led to new insights by participants as to how to use their own strengths within the work environment and also how these strengths need to be in play in order avoid burnout.
Terminal Program Objective 3: To demonstrate knowledge on how to use the different strengths of team members to succeed in our work		
Enabling Objective	Performance Measures	Achieved? Yes/No
1. To demonstrate the ability to identify others' strengths and how to capitalize on these in the work environment	1. Upon completion of the session, the participant will be able to identify 1-3 strengths of each member and how to use them to enhance the work being completed by the team as observed by the facilitator.	<b>No.</b> This was not addressed in the session.

## **Session 2 – Everyday Leadership**

This session was completed on Friday, March 13<sup>th</sup> and Tuesday, March 17<sup>th</sup>, 2015 for a total of four hours with six participants for both Parts One and Two. This session was facilitated by Joel Borgida, Manager of Organizational Effectiveness at Baycrest Health Sciences. The session comprised of the following content:

1. The difference between management and leadership
2. Understanding their role as a TRSC
3. Effective Communication Skills which include giving and receiving feedback
4. Conflict management and difficult interactions
5. Coaching and Mentoring
6. Self-Development plan for future leadership skills

### **Observation Notes**

As the researcher, I thought the response to the session by participants was good. There was an immediate sense of ease and comfort because the staff already knew the presenter who incorporated moments of humour and laughter into his presentation.

The first part of the session focused on the difference between managers and leaders and was very in-depth. Participants were asked to think of a leader who has excelled in their role and then were asked to identify that person's traits. They identified many different characteristics such as caring, listening, consistency, flexibility, authenticity, leading by example, etc. Participants were then asked who these individuals were and all were managers. The facilitator then said that these traits are not exclusive to managers. Leaders even without formal reporting authority can also take on these traits. This part of the session led to a

beneficial discussion within the group regarding challenges as leaders such as having the time to complete their work, difficult co-workers, lack of trust within the group, low morale, etc. and the group offered their peers strategies and support for these issues.

Throughout the presentation, the facilitator provided several quotes about leadership. This generated discussion as to how these quotes resonated with the participants' personal thoughts about leadership. From here, the participants applied these insights to their own practice.

The next part of the session was centred on effective communication and appeared to be beneficial to the group. Participants learned about the different elements of effective communication and spoke specifically about how to translate these into their practice. This part of the session also led to discussion about difficult team members. The facilitator commented specifically that we as leaders need to be aware that confrontations are often fueled by negative emotions and not let them affect our objectivity. During this section, some specific examples were discussed and the group collaborated and offered and supported their peers and suggested solutions.

Out of this specific conversation on effective feedback, a question emerged: whether or not to pad negative feedback with positive examples. Both the group and facilitator thought that it is okay not to pad feedback if one is often providing positive reinforcement.

The last part of the presentation concentrated on coaching and mentoring. The facilitator brought forward other terms such as learning and teaching that are sometimes paired with coaching and mentoring and asked the group specifically the difference between the terms. The group felt that the terms teaching and training were traditional and often used in conjunction with required acts, whereas coaching is often provided in response to a request. In addition, the

facilitator commented that teaching uses a Socratic method of instruction, whereas the coach uses questions in order to encourage their mentee to determine next steps.

As the researcher, I wondered whether things might have played out differently if we had the original TRSC in place and not the staff who is temporarily covering the current maternity leave within the group. I am curious as to whether there would have been more frank discussion about how to handle difficult staff within the teams; however, I also think that because one of the study participants was a union executive, the others felt constrained about discussing real challenges within their teams and therefore, at times, the discussion was superficial. I was impressed with the facilitator's techniques and the comfort level the participants had with him. I enjoyed the humorous comments and the laughter that often broke out. It was also great to have completed the content in such a short period of time; however, it would have likely been better had been more role play to further increase the group's confidence and ability to use employ these new specific leadership skills.

In sum, this session like the first went really well. The facilitator and his ease with the group made it really easy to discuss the concepts. The biggest negative to this session again was time and the inability to role play and gain confidence in employing the skills themselves. It also didn't provide any opportunity to practice mentoring and coaching skills required in the TRSC job description.

### **Facilitator Interview**

A post-session interview was completed with Joel Borgida that consisted of six questions. In his answers, the interviewee expressed his thoughts regarding the overall session, the content and the participants' learning.

The first question asked his opinion on what support helped participants to understand the difference between management and leadership. The facilitator responded that he thought that it is:

*most helpful when articulating [the difference] between leadership and management to be thinking about the traits of an effective leader and know that most people are thinking of a manager they have worked with but when we tease out what those traits are, they realize that there are very few traits of the managers that they have worked with that are reserved for anybody with formal authority. I think that this is always an awareness-raising moment when we can say 'Oh these are all leadership traits I admire in other people and there is nothing stopping me from demonstrating all of these right now in the work I do' [and that] I don't need to be a manager to demonstrate these characteristics that I value in other great leaders.*

The facilitator also noted that the quotes about leadership that were presented in the session were “*thought-provoking ideas around the duty of a leader [as someone who extends] someone else's growth*” and that these quotes communicated the key elements of leadership and allowed the group to reflect on the meaning as opposed to the facilitator defining them for the participants.

The second question asked the facilitator for his opinion on what helped support participants to develop the ability to be effective communicators. The facilitator stated that the materials on effective communication provided a foundation for participants to be mindful of what is going on in the situation and what our bodies are doing when we are communicating. He noted that these concepts are required for all communication including effective decision-making and conflict management. The facilitator thought that the group understood the concepts because “*about halfway through [the session] they were feeding those ideas back to me around [communication] which is the biggest sign that there has been some absorption of the concepts*”.

The next part of the interview focused on whether the facilitator thought that participants after the session were now able to provide feedback and manage conflict more effectively. The facilitator responded that he thought *“the way they were talking, they seemed more confident in understanding what may be leading to a certain conflict and the opportunities for feedback”*. He also acknowledged that they are better equipped now to do that. The facilitator also provided the group with approximately 10 worksheets in order to support the learning.

The fourth question focused on what support helped participants to understand the concepts of coaching and how to bolster team members by using these techniques. The facilitator stated that he didn’t spend a lot of time on coaching and asked questions solely to allow participants to reflect on the difference between it and teaching/training. He offered to provide participants with another tool to support them to complete the task of coaching.

The last part of the interview focused on what went well and what didn’t go well as well as suggestions for future sessions if he were to facilitate again. Overall, the facilitator was happy with the session. He stated that he was able to cover all the content and the timing worked well. He also commented that *“there were opportunities for discussion and for people to offer up their own experiences and talk about them as a group and for me to offer my perspective [as well as a chance] to talk through those life scenarios”*. He remarked that there were “

*more stretches of me just talking...and if I were to do it again what I might do differently [is] I would try to engineer more opportunities to break out and have more conversations with smaller groups [as] I think there is a lot of value in doing those or trying to give someone feedback and to use and apply the framework in a safe setting and then to reflect on that experience.*

He also suggested that more time would have allowed for role play to reinforce the learning.

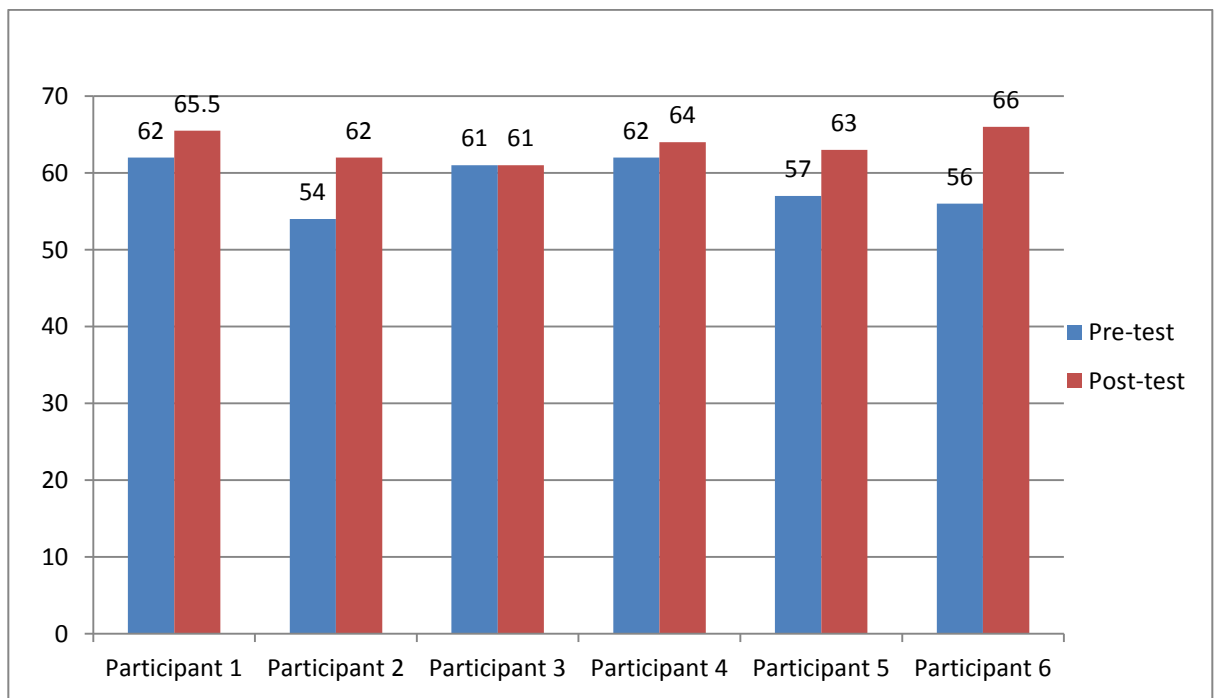


As an aside, the facilitator also stated that he thought the team of TRSCs was great and really cared deeply about their roles and the advancement of the profession at Baycrest Health Sciences.

#### **Pre-test and Post-test Data**

The Leadership Self-Assessment Scale was administered at the start of the first session and re-administered at the end of the second session. The average score for the pre-test was 58.7/80 and the average post-test was 63.6/80, which is an increase of 4.9 points. In addition to the average score, a figure has been completed to show individual learning gains from the session as seen in the Figure 4:

*Figure 4 - Pre-test and Post-test Scores - Session 2*



The data collected in the pre and post-test shows that all participants made gains in this session in their knowledge and confidence related to everyday leadership skills except for one

participant whose scores remained the same. For those participants whose scores improved, there was an increase between 2 points (minimum increase) and 10 (maximum increase). Three participants increased their confidence and knowledge base by 6, 8 and 10 points whereas two other participants' scores improved by only 2 or 3.5 points.

### Performance Measures

The following chart outlines the achievement of the performance measures for session 2:

Objectives and Performances Measures		
PROGRAM: Everyday Leadership		
Terminal Program Objective 1: To demonstrate knowledge of the concept of leadership		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge of the difference between management and leadership	1. Upon completion of the session, participant will be able to explain the main difference between management and leadership as observed by the facilitator.	<b>Yes.</b> Participants identified great leaders they had encountered and through discussion were able to differentiate between management and leadership.
Terminal Program Objective 2: To demonstrate the concepts required for good leadership		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge of effective communication including giving and receiving feedback	1. Upon completion of the session, participant will be able to identify a min of 3 benefits to giving and receiving effective feedback as observed by the facilitator.	<b>Yes.</b> Participants during the discussion on conflict management were able to identify 3 benefits to giving and receiving feedback using their own examples.

<p>2. To demonstrate knowledge of conflict management and difficult interactions</p> <p>3. To demonstrate knowledge of effective decision making</p>	<p>2. Upon completion of the session, participant will be able to identify a min of 1-3 strategies that can be used when encountering conflict or difficult interactions as observed by the facilitator.</p> <p>3. Upon completion of the session, participant will be able to identify a min of 1-3 strategies that can be used for effective decision making as observed by the facilitator.</p>	<p><b>Yes.</b>Participants were able to identify strategies they can use to manage conflict situations as demonstrated in the discussion.</p> <p><b>Yes.</b>Participants were able to identify 3 concepts to assist with effective decision making and were able to demonstrate this in the session.</p>
Terminal Program Objective 3: To demonstrate the ability to perform leadership techniques		
Enabling Objective	Performance Measure	Achieved? Yes/No
<p>1. To demonstrate the ability to provide effective communication</p> <p>2. To demonstrate the ability to provide effective feedback</p> <p>3. To demonstrate the ability to manage conflict and difficult interactions</p>	<p>1. Upon completion of the session, participant will be to identify the 6 elements in the model of communication that support effective communication as observed by the facilitator.</p> <p>2. Upon completion of the session, participant will be able to demonstrate a min of 1 technique for giving and receiving feedback as observed by the facilitator.</p> <p>3. Upon completion of the session, participant will be able to demonstrate a min of 1 technique to manage conflict and difficult interactions.</p>	<p><b>Yes.</b> Participants were able to discuss and identify the 6 different concepts related to effective communication: context, perception, interpretation, feeling, intention and action.</p> <p><b>Yes.</b>Participants were able to demonstrate through examples 1 technique of effective feedback: for example, identifying its purpose.</p> <p><b>Yes.</b>Participants through examples were able to demonstrate 1 technique such as listening to others, describing their feelings to assist with managing conflict.</p>

Terminal Program Objective 4: To demonstrate knowledge of coaching and mentoring		
Enabling Objective	Performance Measures	Achieved? Yes/No
1. To demonstrate knowledge of the difference between coaching/mentoring and teaching/training/counseling	1. Upon completion of the session, participant will identify a min of 1 difference between coaching and other teaching, training and counseling as observed by facilitator.	<b>Yes.</b> Through discussion with the facilitator, the participants defined the terms and illustrated the answers through the discussion process.
2. To demonstrate knowledge of how to support team members using coaching and mentoring techniques	2. Upon completion of the session, participant will identify a min of 1-3 coaching techniques on how to support team members as observed by the facilitator.	<b>No.</b> This was not discussed. The facilitator will send out information on techniques to support coaching of team members.

### Session 3 – Team Work

This session was completed on Friday, March 27<sup>th</sup>, 2015 for a total of two hours with six participants. This session was facilitated by Lisa Sokoloff, Manager and Professional Practice Chief, Speech Language Pathology and Specialist, International Relations and Interprofessional Education and Faith Boutcher, Director of Academic Education at Baycrest Health Sciences. The session comprised the following:

1. Introduction to Interprofessional Education (IPE) and Interprofessional Collaboration (IPC)
2. Different approaches in IPC
3. Interprofessional teams roles and responsibilities
4. Team Work and Collaboration

## **Observation Notes**

Overall, I thought the session went well. The facilitators provided a safe environment and started the session with an ice-breaker that immediately engaged the group. There was also a definite easiness between the facilitators and their laid back approach. Although the technology they brought did not work, they easily adapted the activity to enable the participants to learn from the material.

The ice-breaker that was completed with the group was about similarities and differences in which the participants had to identify their commonalities with other in the groups and what makes them unique. During the ice-breaker, a definite leader emerged without appointment from the group. The group completed the exercise by helping each other fill out what was unique about themselves in addition to their commonalities. This exercise showcased certain individuals and their leadership skills and it was obvious from the completion of the exercise that the group knew each other well and worked efficiently and cohesively to complete the task at hand.

There was good dialogue throughout the presentation. One discussion focused specifically on what team work means and although it was lengthy, all participants were engaged. This also resulted in good conversation about what skills are needed for team work to be effective. Another topic that arose was the team leader's need to focus on the strengths of their team members and finding out what is best in their members. Such knowledge will promote success and achievement of goals.

The last part of the presentation was an exercise called the "Baycrest Zoo" in which the facilitators showed different animals including a koala, sheep, leopard, hedgehog and giraffe and

asked about the different characteristics of these animals. This then led into discussion about how we have some of these animals on our team and what strategies we can use when working with these individuals. The most interesting part of this discussion was the contribution by one of the participants of the need to have a bull as one of the animals as there are individuals within the group who are strong and loud and sway people on the team but who also can be bullies. There was a long discussion on how to work with individuals who are perceived as bulls in the workplace and how it is necessary to bring it down to a practical level and how it is best to approach after an incident. It was noteworthy that in previous sessions the group, due to the office politics, had been extremely careful not to bring forward difficult interactions with members of their team.

At the end of the session, the facilitators suggested the possibility of having the Organizational Effectiveness department present the new change management framework that Baycrest Health Sciences has put together and how this might be helpful to the group in moving forward.

In conclusion, again like the previous sessions, this session was well-received. The facilitators were energetic and worked well together. The learning activities allowed participants to gain an understanding of the concepts presented. My only criticism of the session and this is likely due to lack of time is that it would have been really beneficial for participants to have been able to practice these skills during the training in order to build a comfort level to use in their own practice.

## Facilitator Interview

A post-session interview completed with Lisa Sokoloff and Faith Boutcher consisted of six questions, in which interviewees expressed their thoughts regarding the overall session, the content and the participants' learning. The two-part question that was asked of the facilitators is what helped support the participants to understand the concepts of Interprofessional Collaboration and then about the participant's abilities to put this into practice. One facilitator stated that she thought that the ice-breaker, ("Baycrest Zoo") *"really helped them understand the concepts"* and that at the end of the session, the participants seemed to *"have an understanding of what it means to practice by the questions they were asking and the discussion that ensued afterwards"* (L.Sokoloff). The second facilitator agreed that the exercises supported the learning and that although *"the theory is important ...we really cut a lot of theory out"* (F. Boutcher) knowing that the concepts of IPC were more beneficial.

Next, the facilitators were asked whether the participants understood their own role on the team and that of others. The facilitators were in doubt as to the answer stating that *"I think it is hard to tell from this and I am not sure they all do get it"* (L.Sokoloff). The second facilitator commented that she *"purposely probed"* (F. Boutcher) in order to hear their answers regarding their roles to try to understand where the group currently was.

The next question involved the facilitators' opinions as to what helped support participants to understand the elements required for collaboration and the skills needed for teams to be effective. Both facilitators agreed that the activities (the ice-breaker and the Baycrest Zoo) were

good and allowed participants to understand and learn the material presented. One presenter stated that *“the zoo activity got them at the end”* and assisted with their ability to express their concerns and allowed them to understand what their teams needed to be effective (L.Sokoloff). The second facilitator commented that she thought that the group *“really perked up around the tools and what they could use with their teams and everyone likes the animal discussion and it gets everyone thinking. I [also liked the discussion] about the bull. I think it is a very good [addition to the activity] and it resonated with everyone”* (F. Boutcher).

The last question asked the facilitators about what went well and what didn't. Both facilitators thought that perhaps meeting the researcher in advance and knowing more about the group would have been beneficial. As a result, one facilitator purposely probed the group with questions, so she could cater the material specifically to the group. The facilitators thought that the biggest challenge was the technology (as it was supposed to be used for polling the answers from the group to questions posed by the facilitators) didn't work for one of the exercises *“but we had a backup plan so that was good and it was a small enough group”* so it worked out fine (L.Sokoloff). The facilitator also commented on the fact that although there wasn't active engagement in parts of the session, the group was engaged for most of it and participated during different stages of the session. The facilitators also remarked that they loved watching them do the ice-breaker. During the ice-breaker on similarities and differences, the study participants approached it differently than others who have previously completed this activity. Most groups complete the activity where they fill out their own sections independently, whereas these study participants assisted one another. In response to the ice-breaker and the group's collaborative approach, one facilitator stated that she has *“never seen a group do the ice-breaker like that .... I didn't want to tell them that as I didn't want them to feel*



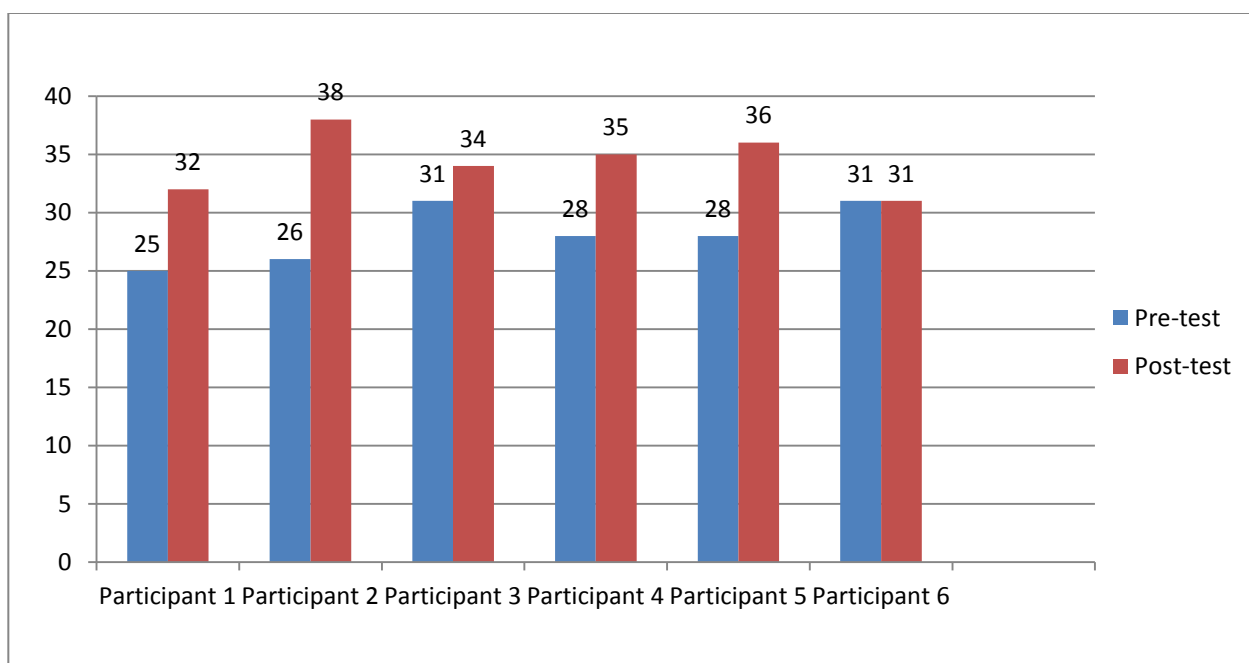
*odd but oh, my, gosh, I have never seen a group discuss as a group how to do their individual sections and how they should be filled out. I thought that was really wild” (L.Sokoloff).*

At the end of the interview, the facilitators stated that if they were to run this group again, they would like to be more prepared and meet prior to implementation. They also thought a case study and simulation would be beneficial to really increase the comfort level of the participants in performing the skills required. The facilitators also discussed future training that would be beneficial for the TRSC group and that this had laid the foundation for team work but it would also be a great opportunity to have additional training to assist participants to further develop their skills. Finally, they thought the team had *“some good people there [and that] some of the questions raised were very thoughtful and gave some insight into some of their concerns”* and thought that it would be beneficial to use Organizational Effectiveness to help guide the participants in their development as leaders and these specific skills (L.Sokoloff).

### **Pre-test and Post-test**

The Team Work and Collaboration Self-Assessment Scale was administered at the start of the session and re-administered at the end of the session. The average score for the pre-test was 28.1/40 and the average post-test was 34.3/40, which is an increase of 6.2 points. In addition to the average score, a figure has been completed to show individual learning gains from the session as seen in Figure 5:

*Figure 5 – Pre-test and Post-test Scores – Session 3*



The individual scores for team work show that all but one participant whose score remained the same, made gains in their confidence by the end of the session. Participants' scores increased from 3 (minimum increase) to 12 (maximum increase).

### Performance Measures

The following chart outlines the achievement of the performance measures for Session 3:

Objectives and Performances Measures		
PROGRAM: Team Work and Collaborative Practice		
Terminal Program Objective 1: To demonstrate knowledge of the concept of Interprofessional Education		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge of the concept of Interprofessional Care (IPC)	1. Upon completion of the session, participant will be able to define main purpose IPC as observed	<b>Yes.</b> This understanding was achieved through the presentation and application in the

2. To demonstrate knowledge of IPC approaches and benefits	by facilitator.  2. Upon completion of the session, participant will be able to identify a min of 1-3 approaches to IPC and 2-3 benefits as observed by the facilitator.	exercises completed.  <b>Yes.</b> The exercise completed by the group allowed for discussion and identification of approaches to IPC and the benefits;with the example of the Stanley Cup winners and how these champions won by teamwork.
Terminal Program Objective 2: To demonstrate knowledge of the concept of team work		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge of your role and others on the team	1. Upon completion of the session, participant will be able to identify their own role and other team members as observed by the facilitator.	<b>Yes.</b> The discussion of their role as leader and that of their team members through the "Baycrest Zoo." The participants were also given access to the tools online that outline the roles of the team members.
2. To demonstrate knowledge of approaches to team work	2. Upon completion of the session, participant will be able to identify a min of 1-3 approaches to team work as observed by the facilitator.	<b>Yes.</b> The discussion about different approaches and what it means related to strengths and finding those in one's team members.
Terminal Program Objective 3: To demonstrate knowledge of the concept of collaboration		
Enabling Objective	Performance Measures	Achieved? Yes/No
1. To demonstrate knowledge of essential elements for	1. Upon completion of the session, participant will be able	<b>Yes.</b> The ice-breaker at the beginning of the group was used to explain the

collaboration	to identify 4 of the essential components for collaboration as observed by the facilitator.	elements of collaboration and the participants were able to state why they were successful in completing the task.
2. To demonstrate knowledge of skills used by effective teams	2. Upon completion of the session, participant will be able to identify 3-4 skills used by effective teams as observed by the facilitator.	<b>Yes.</b> Through the discussion the participants were able to identify skills needed to be an effective team. These included communication, common goals, listening, sharing, compromise, respect and collaboration.

## Session 4 – Motivational Interviewing (MI)

This session was completed on Monday, March 23<sup>rd</sup>, 2015 for a total of two hours with six participants. This session was facilitated by Christina Van Sickle, Professional Practice Chief of Social Work at Baycrest Health Sciences. The session comprised the following:

1. Stages of treatment and change
2. Spirit and Goal of MI
3. How to start and opening strategies which include specific principles of MI such as OARS (Open-ended questions, Affirm, Reflective listening, and Summarization)
4. How to create change talk and tools for this
5. How to “roll with resistance”

### Observation Notes

The facilitator purposely sat with the group for most of the session and only at certain times, stood at the lectern. It was apparent from this approach that the study participants were

easily involved in the session and open to discussion about strategies and techniques except for one individual who was withdrawn throughout the session. When the facilitator explained the spirit of MI, there was good conversation around the principles. At the end of the session, there was much discussion about how we as a group can support self-efficacy. Participants spoke about their own cases and how they support clients and provide opportunities for this within their practice.

In the next part of the presentation, the facilitator introduced different techniques of MI (such as the scaling question, miracle question, etc.) and gave relevant examples. She also provided additional examples through a video and descriptive role play. Participants involved in the descriptive role play discussed how difficult it was to do “reflective listening” without asking questions. The facilitator remarked that if there is one thing we can do that is very client-centred and has no risk or harm to the client, it is reflective listening. Using this technique, we do not need to provide answers and often clients just want to be heard.

Next there was an insightful discussion by the group on the scaling question. The group noted that this tool, in particular, takes into consideration strengths-based practice as it looks at what is most important for the client and how the client can use their strengths to progress. Lastly, the group identified that the goal of MI was to create opportunities to empower clients’ independence.

In conclusion, I thought this session went well. The facilitator had a good rapport with the group and was able to convey and teach the ideas effectively. Unfortunately, time again being a factor, there were no opportunities to role play and try the techniques within the session. The group conversation at the end of the session showed insight about how to use

these techniques with clients; however, there was no discussion on how to use these techniques to facilitate change among team members.

### **Facilitator Interview**

A post-session interview that consisted of seven questions was completed with Christina Van Sickle. In her answers, the interviewee expressed her thoughts regarding the overall session, the content and the participants' learning. The first question concerned what helped participants to develop a sense of the value of using MI as a technique to facilitate change in their team members. The facilitator thought that the practical examples in the session helped the participants learning about MI and enabled her *"to elicit examples and feedback from individuals"*. In addition, she stated that she *"tried to use a variety of different methods for engaging [as] I don't think that just sitting there and talking from a lectern is the most engaging way. I [also] used a video [and] we did a descriptive role play and even where I positioned myself at times ...helped support"* the learning. Lastly, the facilitator tried to make the session very practical and aimed to *"ground it in clinical practice and used clinical examples"* and to show how one could use these skills and tools in their clinical work.

The second question asked the facilitator about what helped participants to develop the ability to facilitate "Change Talk." The facilitator noted that the majority of the presentation was on the evocative questions and "rolling with resistance" and the clinical examples given were useful to participants. She also mentioned that *"looking at different tools like decisional balance and the miracle question and the scaling questions are all about how to develop change talk... and that the clinical examples of how to do that"* were beneficial. The facilitator also stated that she thought it was successful as at the end of the session participants were giving their own examples and were feeding the information back to the facilitator.

The next question asked the facilitator about how she thinks participants are now able to perform OARS (the principles of MI). The facilitator noted that the conversation at the end of the session showed great insight by the participants on how to use MI techniques and how it is important to empathize with people and validate and affirm their feelings through the use of listening and reflective questions and statements. The facilitator also remarked that the:

*discussion that ensued [at the end of the session] and how they talked was really about how to preserve the spirit of MI which is protecting people's self-efficacy and ability to choose and have agency and it was neat that they talked about even in mandated programs they created opportunities for people to have choice and so really created opportunities for people to have some power and control, so I thought that was really powerful.*

Lastly, the facilitator was asked what went well and what didn't go well in the session. The facilitator stated that it is hard to know whether one is having an effect on participants and stated that *"sometimes you don't know if you are hitting people or not depending on the audience that you have. Some people are very responsive and have eye contact and are nodding and participating and some people in the session weren't and had some closed body posture"*. She noted that she tried to engage the group and had success with most, except for one participant who seemed aloof and uncommunicative. In conclusion, the facilitator thought that the session went well overall and was happy that participants at the end were discussing the techniques and using their own examples.

If the facilitator were to present this session again, she reflected that she would take *"more time at the beginning and just talk about some of the areas that [the participants] have had difficulty with change and the difficulties they have with motivating people"* so that she could relate and tailor her examples to them specifically. Although she noted that *"we got there in the end but that would have been better"*.

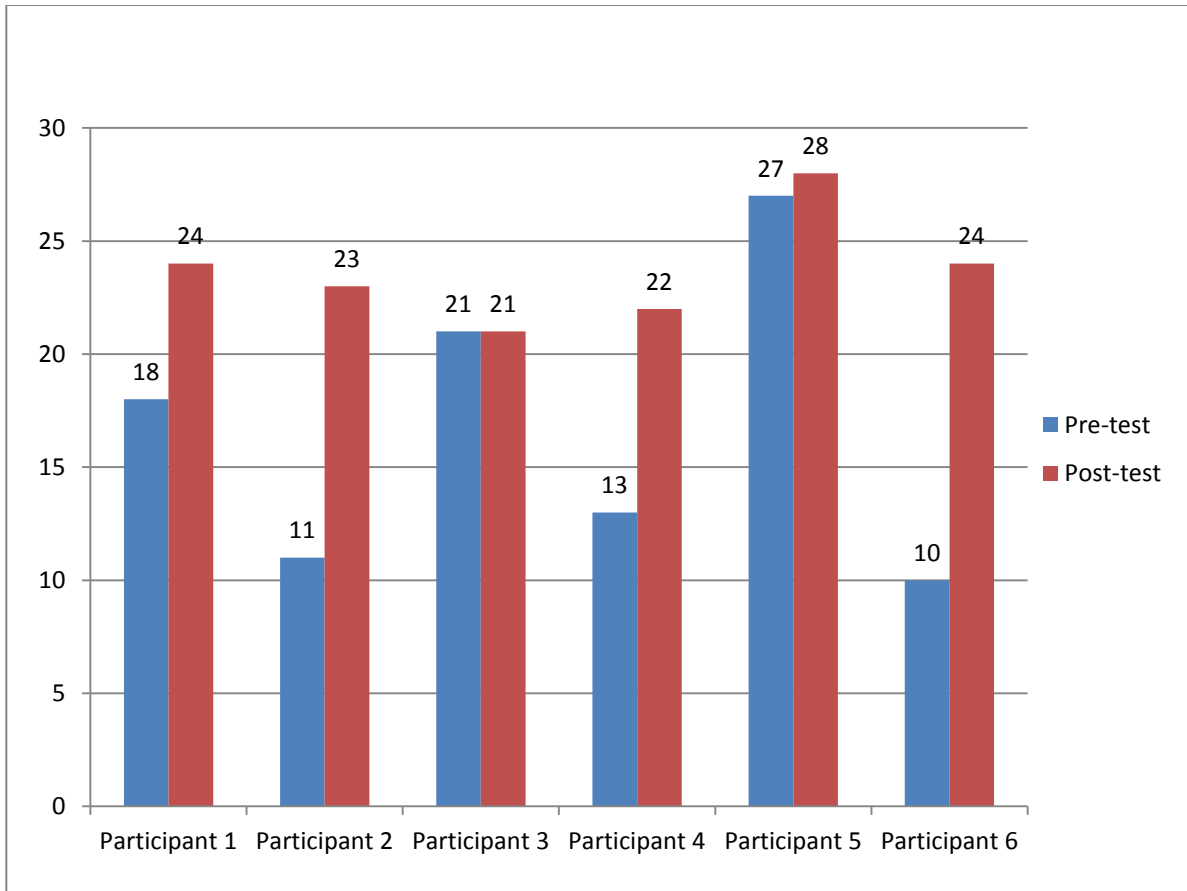
Lastly, when asked if she had any other ideas or thoughts to share, the facilitator was pleased that the participants made some really insightful comments and that they were already using similar techniques. As important, they clearly understood the theory behind the practice. She also reflected on the observation by a participant that MI can be used in everyday life as well as TR practice.

### **Pre-test and Post-test**

The Motivational Interviewing Self-Assessment Scale was administered both at the start and the end of the session. The average score for the pre-test was 16/30 and the average post-test was 23.6/30, which is an increase of 7.6 points. In addition to the average score, Figure 6 has been completed to show individual learning gains from the session:

*Figure 6 - Pre-test and Post-test Scores - Session 4*





Most participants' scores increased, except for one whose score remained the same.

The confidence in their understanding of MI and the techniques improved between 1 (minimum increase) to 14 (maximum increase) points. Four participants had a notable increase between 6 and 14 points, whereas one only increased by 1 point upon completion of the session.

### Performance Measures

The following chart outlines the achievement of the performance measures for Session 4:

Objectives and Performances Measures
PROGRAM: Motivational Interviewing

Terminal Program Objective 1: To demonstrate the knowledge of the concept of motivational interviewing and the change process		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To understand the process of how people change	1. Upon completion of the session, participant will be able to recall the cycle of change as observed by facilitator.	<b>Yes.</b> The participants were able to identify the cycle of change as seen through the discussion at the end of the presentation and the examples they provided.
2. To understand the concept of MI and the principles	2. Upon completion of the session, participant will be able to identify the 4 main principles of MI as observed by the facilitator.	<b>Yes.</b> The participants were able to identify the concept of MI and its principles in the discussion and the examples given at the end of the session when participants spoke about specific clients.
Terminal Program Objective 2: To demonstrate knowledge and ability to perform motivational interviewing techniques		
1. To understand and demonstrate the fundamental “Open ended questions, Affirm, Reflective Listening, Summarization- OARS” principles of MI.	1. Upon completion of the session, participant will be able to demonstrate skills of asking open ended questions, affirming others experiences, reflectively listening, and skillful summarization of others experiences as observed by facilitator.	<b>No.</b> The participants did not demonstrate or practice these skills in the session.
2. To understand and demonstrate the ability	2. Upon completion of the session, participant will	<b>No.</b> The participants did not demonstrate these

to create “change talk”	be able to demonstrate the ability to create “change talk” and identify a min of 3 questions for facilitation as observed by facilitator.	skills during the session; however, they were able to identify the questions that can be used in MI.
3. To understand and demonstrate the ability to “roll with resistance”	3. Upon completion of the session, participant will demonstrate skill set of navigating expressed resistance in others through a min of 3 responses as observed by the facilitator.	<b>No.</b> The participants did not demonstrate these skills within the session; however, participants did demonstrate an understanding of how to “roll with resistance” and how to go around it.

## Session 5 – Strengths Based Practice and the Leisure Well-being Model

This session was completed on Tuesday, March 10<sup>th</sup>, 2015 with six participants for two hours and was facilitated by Dr. Colleen Hood. The session comprised the following:

1. Introduction and revisit of the LWM including paradigm shift and literature that supports the LWM
2. How to apply the LWM
3. Introduction of some facilitation techniques that can be used as part of therapeutic recreation services such as Behavioural Activation Therapy (BAT), Narrative Therapy, and Commitment and Acceptance Therapy (CAT)

## **Observation Notes**

As the researcher, I thought that participants were engaged in the session as there was lively discussion throughout the two hours. The participants were very interested in how to apply the model to everyday practice and were particularly curious about the specific groups run by the facilitator. Their body language was positive and there was easiness about the session and its flow. There was also lots of dialogue and meaningful conversation about the topic and its application. Lastly, the content areas seemed to be of extreme interest to the participants as was the curiosity in how to translate this into practice.

The participants stated that they had a basic understanding of the model ahead of the session but had no experience utilizing the model within their practice. The content approached methods for incorporating the LWM into practice such as “talking the talk and walking the walk”, integrating it into existing programs, and developing new programs. Specific questions arose as to where to find the resources to assist in the development of the group. The facilitator responded that Therapeutic Recreation is both a science and an art and groups are developed differently based on the clinician’s skills and expertise. She emphasized that there is not just one way to run a group.

The participants were particularly interested in a group that the facilitator was leading regarding leisure education and having sessions that explored such ideas as leisure gratification, mindful leisure, savouring leisure, authentic leisure and virtuous leisure. There was also an in-depth conversation about Flow and how it is idealized within the profession but should be considered as something that is great to achieve but should not be the ultimate goal for TR services.

I thought that the session energized the group and provided them with important content that will lay the foundation for the work and the direction we are driving toward at Baycrest Health Sciences. I also found this session motivating as now it allows me to challenge my TRSCs to start thinking about how we change and/or develop new programs while using this model as the framework for guiding practice. I think the group has gone from having limited exposure of the Leisure Well-being Model to understanding and thinking differently about how to integrate this into their daily practice. The next steps are to start to think critically about how to develop, implement and evaluate these new programs. This is likely where future training will be focused.

Again, like the other sessions, this session went well. The participants were engaged and started to think about their own practice and the implementation of this new model to guide practice. Like the other sessions, the negative for this session was time and the lack of opportunity to critically look at their own programs and how these can be changed under the new model.

### **Facilitator Interview**

A post-session interview of seven questions was completed with Dr. Colleen Hood. In her answers, the interviewee expressed her thoughts regarding the overall session, the content and the participants' learning. The first question asked the facilitator about what helped participants to understand the value of strengths-based practice and its role in practice. The facilitator stated that she thought *"the thing that supported participants to understand that was the discussion at the end more than anything [and] talking about the different ways you can apply the Leisure Well-Being Model and develop programs based on it"*. In addition she thought that *"talking about some of the work we are doing in St. Catharines...was really effective"*. She

also noted that she purposely reiterated throughout the presentation the importance of developing capacities as a key component of the Leisure Well-Being Model, which also contributes to the learning and understanding about the value of Strengths-Based Practice.

The second question asked about ways she thought participants understood the Leisure Well-Being Model. The facilitator thought that the participants understanding was *“fairly superficial”* and that although they grasped the central concepts, the participants would still likely have difficulty applying these into practice; however, the facilitator stated that she plans to send some materials to assist with this and believes that a follow-up session/workshop would be beneficial for further learning.

The third question asked about what helped support participants to develop the ability to link the Leisure Well-being Model into daily practice. The facilitator stated that during *“the second half of the presentation, I really tried to talk about the different approaches [and] translating it into practice [however] I am not sure how much they took away from that as they were pretty quiet”*. She did think that *“the conversation at the end where we were talking about the art and science of TR and sort of how you develop programs and how you begin to translate into efficacy research...was very helpful for them to begin to think about how to apply [it]. I think using the examples of the work we are doing in St. Catharines was also helpful”*.

The fourth question focused on what ways the facilitator thought participants understand how the Leisure Well-Being Model provides person-centred care. Person-Centred Care was mentioned but not developed in the session. The facilitator remarked that she *“didn’t really talk about this [but] if they understand person-centred care, I am pretty sure they can draw the connection, but I didn’t do that explicitly”*.

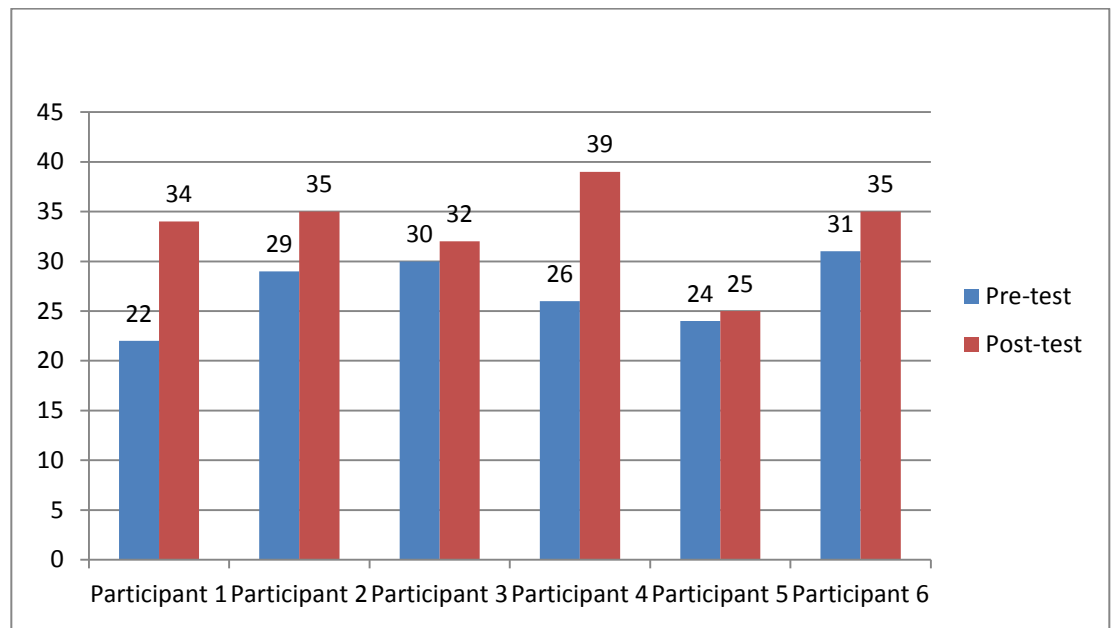
The last part of the interview focused on what went well and what didn't go well. The facilitator thought that it was *"really hard to convey the complexity and the depth of the model in the short session"* which didn't allow for her to provide more foundational content on the model itself. However, as the facilitator stated, *"I made some choices around about how much depth to go into [but] with that said I think the discussion at the end was really fruitful for them where they got to kind of ask questions and begin to brainstorm in some ways their own ideas and how they can apply it to their programs"*. If providing this session again, the facilitator would spend more time on the content and its application *"so that they have a notion of what savouring actually is or mindfulness"*.

When asked about final thoughts, the facilitator stated that *"their ability to ask questions made the session even somewhat effective. I think that is where they got to be a bit more engaged with the material and with me, so I am torn. On the one hand, I would have liked to have had more content and, on the other hand, I think the discussion was so important that adding more content would have precluded the ability to have that discussion"*. The facilitator concluded that it would be beneficial to have a follow-up working group after this session to help participants incorporate their new knowledge into practice.

### **Pre-test and Post-test Data**

The Strengths Based Practice and Leisure Well-Being Model Self-Assessment Scale was administered both at the start and the end of the session. The average score for the pre-test was 27/40 and the average post-test was 33.3/40, which is an increase of 6 points. In addition to the average score, Figure 7 has been completed to show individual learning gains from the session:

*Figure7 - Pre-test and Post-test Scores - Session 5*



The data collected in the pre and post-test shows that all participants made gains in this session in their knowledge and confidence related to the Leisure Well-Being Model. The scores increased between 1 point (minimum increase) to 13 (maximum increase) in the scales. Two participants increased their confidence and knowledge base by 12 and 13 points, whereas two other participants' scores improved by only 1 or 2 points leaving the remaining two participants to fall in the middle.

### **Objectives and Performance Measures**

The following chart outlines the achievement of the objectives and performance measures for Session 5:

#### **Objectives and Performances Measures**



PROGRAM: Strengths Based Practice and the Leisure Well-being Model		
Terminal Program Objective 1: To demonstrate knowledge of the concept of Strengths Based Practice		
Enabling Objective	Performance Measure	Achieved? Yes/No
1. To demonstrate knowledge of the goal and purpose of SBP	1. Upon completion of the session, participant will be able to verbalize the goal and purpose of SBP as observed by the facilitator.	<b>Yes.</b> This was defined by the presenter and verbalized within the session by participants.
2. To demonstrate knowledge of the benefits of using SBP	2. Upon completion of the session, participant will identify a minimum of 2 benefits of using SBP as observed by the facilitator.	<b>Yes.</b> The participants understood the benefits of strengths-based practice such strengths as positive emotion, productivity, sense of community and meaningful engagement.
3. To demonstrate knowledge of why leisure provides context in building strengths	3. Upon completion of the session, participant will identify 3 reasons why leisure provides an ideal environment for building strengths as observed by the facilitator.	<b>Yes.</b> The discussion on how leisure allows participants to cultivate their own potential and promotes positive emotion. Also, the session focused on capacity and Person-Centred Care.
Terminal Program Objective 2: To demonstrate knowledge of how to apply SBP as part of TR practice		
Enabling Objective	Performance Measures	Achieved? Yes/No
1. To demonstrate knowledge and application of a strengths based approach to TR service delivery	1. Upon completion of the session, participant will identify 1 way to incorporate SBP into TR service delivery as observed by the facilitator.	<b>Yes.</b> The participants identified different ways to incorporate the LWM into practice such as adding to existing programs and developing new ones.
TPO 3: To demonstrate knowledge of the connection between LWM and SBP		
Enabling Objective	Performance Measures	Achieved? Yes/No

1. To demonstrate knowledge of how using the LWM supports SBP	1. Upon completion of the session, participant will identify a minimum of 2 ideas of how the LWM supports SBP as observed by the facilitator.	<b>Yes.</b> Best practice, Person-Centred Care, and helping clients identify their own strengths in programs were discussed.
TPO 4: To demonstrate knowledge of facilitation techniques in TR that support SBP		
Enabling Objective	Performance Measures	Achieved? Yes/No
1. To demonstrate knowledge and understanding of Acceptance and Commitment Therapy (ACT), Behavioural Activation Therapy (BAT) and Narrative Therapy	1. Upon completion of the session, participant will be introduced to 3 different facilitation techniques for TR services that incorporate SBP as observed by the facilitator.	<b>Yes.</b> There was discussion and presentation of BAT, ACT, Narrative Therapy, Motivational Interviewing (MI) and Cognitive Behavioural Therapy (CBT).

## Focus Group Results

The focus group was conducted on Tuesday April 14<sup>th</sup>, three weeks after the completion of the final training session. All six study participants were involved and contributed information to the ten questions asked. The session was completed in just under one hour.

The first question asked what comes to mind, when you think of being a champion, what it means and the feelings and images it conjures up. There was limited information given by the participants; however, they provided the following words and ideas as their answer: leader, someone who is open-minded, someone who pushes boundaries, someone who challenges their team and are innovative.

The next question asked for a definition of the Therapeutic Recreation Champion is. One participant responded that it is *“someone who leads by example and has a strong*

*knowledge base*", another participant noted that it is *"someone who encourages best practices and uses evidence-based practice"* and a third participant stated that it is *"someone who works with their team to develop their skills and competencies and their relationships amongst each other to provide quality services to the people they are working with"*. An additional participant answered that a TR champion is someone *"who embodies all the good characteristics of being a leader and being able to facilitate and direct and being able to do it in an open way and collaborative way but still provide the guidance necessary"*. An additional word that was offered was that of *"empowering"*.

The third question invited participants to comment how the training has helped prepare them for the TRSC position and whether it helped them grow professionally. It also asked whether they felt it assisted them in their job. One participant stated that *"it covered all the important areas. It was little bits of everything ...[and]..had all the important elements and was a good introduction for us"*. Others agreed with this comment and two participants noted that we need to consider the next steps after this training and that it would be beneficial for the entire department to receive training in these areas, so the group could move forward as a whole. Another participant commented on the benefits of the whole team participating in a *"communal training experience so everybody [can experience] being together and sharing the information together and being able to apply it together"*.

The fourth question asked which topics were most beneficial and least beneficial to the participants. The participants all agreed that the Everyday Leadership session was extremely useful because as one participant stated it was *"very practical and very applicable to what has been happening in terms of dealing with conflict and transition [as well as] difficult communications"*. It resonated with them as they were experiencing these issues within their

teams and as one participant stated it is the *“one challenge we are all facing right now. We have all been practicing in TR and now it’s the enhanced leadership role ...[and it’s these]...pieces I found most valuable because those were the changes to our roles”*. Another participant communicated that she *“found Colleen’s [presentation] really valuable as...it was bigger picture and really inspiring. It caused me to think about how I think about TR differently and some possibilities I hadn’t thought about before and I feel it pushed my knowledge of TR a little further”*. One participant stated that *“it was difficult to get the full picture of MI as it is the one session that I think we just touched the very basics of it and there is much involved [with this topic] and I think with that session we could have gone a little deeper but we didn’t have time [so it] wasn’t so beneficial because it’s just a snapshot”*.

The next question invited the participants to think about how this training will change their practice in TR. The participants felt that they could use the skills learned in Everyday Leadership confidently; however, they communicated that with sessions such as the Leisure Well-Being Model, *“next steps”* would be required in order to put these into practice. The participants thought it was very introductory and were not confident in being able to translate the learning directly into practice without further training.

At this time in the interview, the researcher probed further asking for feedback on each specific session. For the first session on Strengths, one participant stated that she thought that it *“would be a good one to present to our teams. I think that [it] would be a great team building activity, getting to know your team members and what their strengths are”*. Another participant noted that she thought it was *“also something we can use to develop our programs with our clients just taking on more of that strengths based lens as we do and developing more leisure education type programs that focus on understanding your strengths and stuff”*.

Regarding Everyday Leadership, the participants commented that the facilitator “*gave us time to discuss our questions and scenarios and the time he allocated through the presentation [to do this] was very beneficial to learning*”. Another participant stated that “*he facilitated it well by encouraging and thinking about examples and talking about examples to make it more practical*”.

Participants provided feedback next on the Team Work session and noted that it was “*very active and engaging*”. Another participant stated that she thought “*they helped us feel like a team*” and, lastly, an additional participant remarked that “*it was good to learn about the resources and what’s available as I wasn’t aware*”.

In reference to the Motivational Interviewing session, participants concluded that it was a good introduction and snapshot and that they enjoyed the audiovisual as “*it was nice to see the actual technique used*”.

Lastly, the session on the Leisure Well-being Model. One participant stated:

*I loved it and totally feel that it has been a while since I have been in school and to revisit theory and reapplying the theory into practice and I felt like many of our team members can benefit from that and I ... just felt really inspired. I got tons of practical ideas from the presentation and I know I may be different from others but I don’t know. I really liked it.*

Several participants then remarked and agreed that they “*definitely feel like it’s the best fit for [the] clients we work with*” which led to another participant who stated that she loved “*how broad it is that you apply it in to such a huge place like Baycrest...[and] I think that is what we can all have in common*”. A different participant then noted that “*we need to get out teams on the same page and I am not even sure if our team members know this model and understand it*”. This led to a discussion about the participants not feeling confident in being able to teach this model to their team members, one participant said “*I don’t know [if we can] as we just received*

*these several hours [of learning] if we have enough skills to be able to teach our teams about this model but I think this is something we need to talk about and make a plan for".* Further discussion ensued about the Pillars of Care document that was created two years ago to guide the practice of TR at Baycrest Health Sciences and the need to tie this to the Leisure Well-being Model.

The seventh question that was asked as part of this focus group was about the training program and, if it were to be offered again, what additional topics they would recommend. One participant thought it would be beneficial to *"expand on the Leisure Well-being Model and talk more specifically on the facilitation techniques and so more practical strategies and I know she has sent tons of resources but none of us have had time to go through it. I glanced at it and filed it but I would love to bring that back into our forefront"*. Another participant stated that she thought a visioning session would be valuable as *"I feel as a group we haven't really had the chance to do that yet [and] just to talk about our roles and what are the next steps; maybe this could be a session all on its own"*.

The next question asked the group about their experience and what was positive and what needed improvement. The participants agreed that it would have been likely helpful to have spaced out the sessions, complete them before the transition into their roles or while they were transitioning. The participants also felt that it would have been valuable to have debriefed after the sessions and to discuss *"how to practically apply it and the next steps in our plan"*. Another participant remarked that it would have been useful for all of the staff within the department to have had this training as well. The group then commented that they thought the Everyday Leadership session was very practical and they gained *"a lot of practical knowledge"*. They also acknowledged that all the *"speakers were very engaging and knowledge [and that] they were all good choices for facilitators"*. Only one participant commented on what was least

helpful to her with regards to the session and that was MI and the applicability of it in their roles but also she stated that in the Team Work session she *“had trouble breaking that down [and] looking back it was probably the least useful for me”*.

The ninth question to the participants asked them about the value of the TRSC position both internally at Baycrest and externally. One participant commented that the role of the TRSC is to build up and develop their team members, so they feel empowered and can provide better services to clients which can then be showcased externally to others as an example of TR practice. Another participant stated that *“I would like for us to be able to [have] big aspirations...I would like us to advance the practice of TR...as I said at the beginning push some boundaries you know and get involved in research and new ways of doing things and thinking outside the box...they are big lofty goals”*. Another participant reflected on the main function of the TRSC role and affirmed *“that’s the purpose of them to be able to pursue some of these lofty goals and aspirations of doing research and an external way to help move the TR field forward”*.

The last question asked in the focus group was about where the participants saw the field in the next 5, 10 and 15 years and the skills required for future clinicians. One participant stated her desire for all of TR at Baycrest Health Sciences to have a common model and to feel more connected as a department. Another participant discussed the need for the profession to become more standardized across different facilities within Canada. Another participant commented on the need for the profession to write more and present more at professional bodies other than TR. To answer the question about future clinicians and skills required by the group, the participants gave simple answers: team work, empathy, communication, facilitation techniques, ability to inspire clients, strong theoretical foundation, developing therapeutic relationships, ability to teach and interprofessional collaboration.

## **Conclusion**

This chapter provided an overview of the results that were collected from various sessions as a product from the data collection. The final chapter will explore the themes found from the results, the challenges and limitations, the recommendations for future research and potential application and finally the researcher process. It will also conclude with the overall finding from the sessions.



## CHAPTER FIVE - DISCUSSION

Since the 1990s, the field of Nursing has recognized the importance of using Adult Education in the facilitation of training. Nielson (1992) when discussing continuing education in nursing, states that “since our earliest beginnings we allied ourselves closely within the field of adult education. Our philosophy, our standards, and our programming efforts reflect adult education principles” (p. 148). These principles are best summarized by Kaufman (2003). They include 1) ensuring that the environment is safe, 2) involving the learners in the planning, 3) having learners identify their own learning requirements, 4) having learners identify their own goals and objectives, 5) assisting learners in identifying sources and strategies in achieving their goals, 6) supporting learners in implementing their plans and 7) engaging learners in evaluation of the learning. Another nurse researcher, Coffman (1996) agrees that training is more successful when using the principles of Adult Education, as it can increase the “competence and self-direction in learners” (p. 260). Recognizing the importance of Adult Education principles to training success, this chapter will incorporate the Adult Education literature from Conti (1985), Imel (1998), Kaufman (2003) and Kungu and Machtmes (2009), to analyze the positive and negatives of these five sessions, discuss the overall findings and make recommendations for future trainings and research.

The new directive for the Therapeutic Recreation Specialist Certified (TRSC) role at BHS requires mandatory job training. For this study, the six individuals were also invited to participate in the data collection process. All the individuals involved consented and participated in all sessions except for one TRSC who missed the first session. In addition, all the facilitators who were invited to participate consented to the study, so there was a 100% participation rate.

## **Evaluating the Success of the Training Program**

### **Session One – Recognizing Our Strengths**

There were positives and some negatives that arose from the first session. One positive was the discovery of the value of the Gallup Strengths Finder Test. The TR Champion Study identified that understanding one's own strengths is critical in order for Champions to further key initiatives (Hirshfeld, 2014). This tool assisted participants in understanding their own strengths. The tool identified, for some participants, strengths that they did not feel applied to them as individuals; however, discussion with their peers improved their understanding of how these are actually their strengths. As well, the tool stimulated in-depth conversation about how participants can utilize their strengths in their work and how other team members' individual strengths support the work that we do. The study participants also recognized the value of this tool and spoke about how its use would help all their team members to move forward as a cohesive unit.

Another positive from the first session is that it allowed participants to discuss strengths-based practice in order to think beyond their current practice with a subject matter expert. Their new understanding will not only allow them to lay the foundation for Therapeutic Recreation services within their programs, but will, also, assist them in mentoring and coaching their team members (an important element previously mentioned in the TR Champion Study). Another vital Adult Education principle is that an educator should encourage "learners to identify resources and devise strategies for using the resources to achieve their objectives" (Kaufman, 2003, p.213). In this session, the facilitator was able to provide information about scales that would assist the participants in identifying client strengths to improve their practice.

Self-Efficacy is another theory in Adult Education, which refers to an individual's own judgment of their abilities, arising from four different sources: performance, other people's observations, expressed opinions and the individual's physiological condition (Kaufman, 2003; Phipps, Prieto & Ndinguri, 2013). In the roundtable discussion when the group members shared their own strengths, one participant was confused about why the Gallup Strengths Finder tool had identified some specific strengths as her own. At this moment, one of the other TRSCs provided the individual with her observations as to why she thought these were her strengths, which in turn due to her new awareness led to improved self-efficacy.

Finally, this session incorporated a number of short activities by the facilitator throughout the training. Imel (1998) recommends that for learners to be successful, they need to learn both in small groups and participate in activities to understand the concepts taught. Both the facilitator and the participants agreed that involvement in these activities during the session helped support the learning.

Along with successes, there were some weaknesses that may explain the minimal increase (0.6 points out of a possible 56 points resulting in a 1% change) in the scores from the pre-test and post-test scales. The first may be that the Gallup Strengths-Finder test was completed prior to the session and not during the session, so participants were already aware of their strengths. If the process had been set up differently with the pre-test completed before the Gallup Strengths Finder test, the scores may have shown greater improvement. Or perhaps the lack of the change in scores can be understood by the participants already knowing the fundamental value of strengths in TR. Time constraints could have also negatively affected the scores due to the inability to complete the content.

Another limiting factor may be that this was the only scale that was developed by someone other than the researcher. As *The Strengths Knowledge Scale* (Govindji& Linley, 2007) was not designed specifically for this particular group, it asked very different questions than the other scales used throughout this study. Was this the correct scale to use and was it sensitive enough to determine the learning of the participants on the content presented?

### **Session Two - Everyday Leadership**

Similar to the first session, there were mixed results that occurred during this training. The first success was the observable change in the scores from the pre-test and post-test. This session saw an average increase on the scale of 4.9 points out of a possible 80 points (6%). The notable improvements in scores for all but one participant, perhaps has to do with the lack of exposure to leadership skills training as frontline clinicians. Some participants in the previous TR Champion Study agreed that leadership training specifically in the areas of skills, theories and styles are essential in order to be a Champion (Hirshfeld, 2014). However, in fact most leadership courses at BHS are only available to those employees in manager roles and not to potential Champions on the frontline of care. One participant noted both on her Curricula Vitae and during the session that she had already taken the Harvard Management Mentor program (a leadership training course) through the Organizational Effectiveness Department and already felt knowledgeable and confident in her skills in this area. This may explain why her score remained the same.

Another positive was the content and relevancy of the material that was presented. The participants acknowledged that this session really resonated with them due to the current challenges they face in their roles. This is in accord with the Adult Education literature that suggests that when teaching adults the instructor should provide “learning that integrates with

the demands of their everyday life [as they are] more interested in immediate, problem-centred approaches than in subject centred ones” (Kaufman, 2003, p. 213). This session provided tools for participants to develop skills in the areas of conflict management and communication. In the follow-up focus group discussion, some participants stated that they were using these techniques now as part of their daily practice.

An important principle identified in Adult Education is the need to be able to “establish an effective learning climate, where learners feel safe and comfortable expressing themselves” (Kaufman, 2003, p.213). This session provided an atmosphere where participants were able to discuss different situations about colleagues from other departments or client and family situations during the discussion on both communication and conflict management. As the researcher, I believe participants felt safe within this learning environment as they personally knew the facilitator and his character and disposition.

Time constraints were a weakness, as there was no time to demonstrate and role play different situations that would have assisted further in the development of skills. To compensate, the facilitator used discussion to facilitate the learning. As well, there was not time enough to talk about mentoring and coaching, a vital aspect of the Champion role as previously identified by participants in the TR Champion Study.

### **Session Three—Team Work**

The third session saw a notable increase in scores of 6.2 points overall out of a possible 40 points (15%) from the pre-test and post-test scores as well as the achievement of all the performance measures outlined for the session. The success of this session may be due in part to the incorporation of the Adult Education principle that learners need to be “active

contributor[s] to the educational process” (Kaufman, 2003, p.215). Through its entirety, this session had participant involvement from the opening ice-breaker to the final discussion about the “Baycrest Zoo.” Constructivism, another key Adult Education theory, was clearly evident here. Kaufman (2003) defines constructivism as the idea “that learners ‘construct’ their own knowledge on the basis of what they already know. This theory posits that learning is active, rather than passive, with learners making judgments about when and how to modify their knowledge” (p.214). Here to use teacher parlance, the facilitators were “not the sages on the stage, but the guides on the side.”

As both facilitators work in Academic Education, this session incorporated other Adult Education principles required for successful learning. For example, the facilitators provided opportunities for practical skill attainment, the content presented was relatable to the current circumstances faced by the group and the facilitators purposely questioned the participants to determine their current knowledge and experience in the content areas (Conti, 1985; Imel, 1998; Kaufman, 2003; Kungu&Machtmes, 2013). The final pleasing outcome of this session was that participants learned about different tools that they could access on the Baycrest Intranet to assist with the current challenges faced by their teams.

The only negative for this session was the failure of the technology that was supposed to be used for one of the activities. The activity may have had more meaning if it had been completed as intended. This may have also had an impact on the scores as well.

#### **Session Four –Motivational Interviewing**

The training session on Motivational Interviewing (MI) saw the largest gains in the overall score of 7.6 points out of a possible 30 points (25.3%). Five participants saw an increase

in their scores. This is likely due to the fact that most Therapeutic Recreation academic institutions do not teach Motivational Interviewing as a technique that can be used in Therapeutic Recreation practice as noted by participants.

Even though there were large increases associated with this session, many of the Adult Education principles were not woven into the session itself; hence, the inability to achieve the performance measures outlined for this session. The facilitator only used clinical examples; therefore, the study participants questioned its relevancy to the concept of leadership itself. It perhaps would have been more effective had the facilitator used some of the specific problems currently experienced by the study participants within their teams and demonstrated the techniques involved using these as scenarios, therefore, failing to practice a basic Adult Education concept, which is the importance of combining real life scenarios into the learning (Conti, 1985; Imel, 1998; Kaufman, 2003; Kungu&Machtmes, 2013). In addition, due to time constraints, participants were not able to practice the skills and, therefore, did not receive “constructive feedback from teachers and peers” (Kaufman, 2003, p.215).

#### **Session Five –The Leisure Well-Being Model**

The last session on the Leisure Well-being Model saw an overall change in score by 6 points out of a possible 40 points (15.75%) and the achievement of all performance measures outlined for the session. All participants in this session saw an increase. This was the only session in which all the participants gained knowledge and confidence. The increase can perhaps be explained by the fact that all participants had attended academic institutions that focused primarily on the Leisure Ability Model by Peterson and Stumbo (2000) and, therefore, prior to this session had at most a superficial understanding of the Leisure Well-being Model.

As the facilitator was an experienced educator, she incorporated many principles of Adult Education. The session allowed the participants to be active learners throughout the session because the facilitator connected the material directly to their positions and the future directions of TR at BHS. It also allowed opportunities for discussion on how to incorporate the model into practice.

Participants in the TR Champion Study noted that it is imperative for Champions to have a strong foundational knowledge in TR practice and to be able to transfer this knowledge into care (Hirshfeld, 2014). This session allowed participants to expand their theoretical knowledge in TR. In addition, it supports the actualization of the new model that will be the future framework for TR services at BHS.

In addition, the session also provided the participants with the opportunity to reflect critically on their own practice. Schön (1987), a reflective practice theorist, argues that professionals have two ways to gain competence. The first is “reflection in action” which happens instantaneously and the second which is “reflection on action” that occurs after the learning. Kaufman (2003) describes it as “a process of thinking back on what happened in a past situation, what may have contributed to the unexpected event, whether the actions taken were appropriate, and how this situation may affect future practice” (p.214). Participants discussed how to apply the Leisure-Well-Being Model to their work at BHS.

However, this session had its own limitations. The first being that the subject itself requires more time and learning than one two hour introductory session, which is clearly why this is a full year academic course at Brock University. In retrospect, the participants acknowledged that they didn’t feel confident in being able to move forward with this model as the framework for TR services at BHS without further training.



## Overall Findings

An analysis of the results revealed that several themes emerged. An essential theme was the importance of the topics presented. All facilitators thought that because of time constraints the content presented in the sessions was quite basic; some remarking that each of the sessions could have easily been either a whole day workshop or even a full year academic course. Although most of the content was covered in the sessions, there was no time to practice the skills taught. This was also acknowledged by study participants. They noted that the sessions were a great introduction to the various topics but didn't feel confident enough to incorporate these techniques into their practice.

The importance of Strengths-based practice was another theme that was evident from the findings, apparent in each and every session of the training. In the development of and preparation for the training, discussion of strengths was only targeted for the first session (Recognizing and Understanding Our Own Strengths) and the last (the Leisure Well-Being Model). Without prompting or advanced planning with the facilitators, the Strengths approach was referenced in all sessions.

All facilitators and participants agreed that more learning occurred when participants were actively engaged in activities and discussion. The Adult Education principles as outlined by Imel (1998) recommend that for learners to be successful they need to learn in small groups and participate in activities to understand the concepts. Kaufman (2003) also agrees with the need for learners to practice the techniques taught as there is much benefit in one's own self-assessment and feedback given from not only the educator but peers as well. All facilitators used this principle in their sessions and, for this reason, believe that this supported the participants' learning.

Moreover, Adult Education principles recommend that for learning to be successful, both educators and learners need to “foster a spirit of collaboration in the learning setting” (Imel, 1998, p.3). As the researcher, I believe that one of best outcomes of the sessions was the ability of participants and facilitators to work together within the sessions. The facilitators themselves learned more about the role of TR and some of the different ways that it can provide self-efficacy for clients within the centre even in mandated programs.

The last theme to emerge is the importance of peer support, which is fundamental in order to perform as a Champion (Hirshfeld, 2014). Since the realignment of the TR discipline at BHS in September of 2014, the TRSCs have had some significant challenges, specifically with some team members in their assigned areas. Although there was not full disclosure about encounters with difficult staff, the participants supported each other on how to work with these individuals. For instance, they supported a TRSC who reported a difficult situation with a staff member in another department. Also peer support was evident in the Motivational Interviewing session when an individual told the group she would use the techniques to support her husband with change. In response the team rallied around her. Support and collaboration was also seen in the Team Work session when the group identified their unique talents and commonalities. Although not identified as a training outcome, this unexpected development helped the participants to build a stronger, more cohesive group, deemed an important criterion by the participants in the TR Champion Study.

## **Challenges and Limitations**

Although the sessions were deemed to be positive overall by the participants, facilitators and the researcher, there were challenges and limitations. The first issue that arose in the sessions was time. Each session had so much content that most of the session involved

the facilitator presenting it, which didn't allow much, if any, opportunity for participants to develop their own skills and confidence through role play or other means. Moreover, it also meant that participants did not receive feedback from the subject matter expert on their performance, which is noted as an important principle for teaching practice by Kaufman (2003). Without experiential learning, the participants were not able to reflect on their own performance and, therefore, missed out on the opportunity to analyze and assess their skills, which further develops critical thinking.

Along with time limitations, the study participants also commented on the actual scheduling of the training sessions. The participants thought it would have been better if they had been able to engage in the training before their transition to their new roles rather than during. They felt that they would have then been better equipped to be able to handle the challenges that they currently are experiencing with their teams.

Another issue identified by several facilitators was their unfamiliarity with the participants prior to the session. It would have been beneficial to meet ahead of the session to be able to really understand the participants and the degree of their awareness of the topic. One of the principles suggested for guiding teaching practice is taking into account the learner's current knowledge and experience (Kaufman, 2003). For example, in the session on strengths, the facilitator may have structured her presentation differently if she had been aware that the participants were already familiar with their own strengths because they had already completed the Gallup-Strengths Finder Test. In addition, in the Team Work session, one of the facilitators stated that she deliberately probed the group with questions in order to ensure that she met their needs. Additionally, the literature on Adult Education recognizes the value of having learners involved in the planning of both methods and curriculum (Kaufman, 2003;

Kungu&Machtmes, 2009; Phipps et al., 2013). Unfortunately, it was not feasible to have the learners involved in the development of the training.

Another educational principle that was not incorporated that would have been useful would have been the development of learning plans. Adult learning theory recommends that as adults are independent and self-directed, educators should encourage participants to develop their own plan for learning as this allows for more control (Conti, 1985; Imel, 1998; Kaufman, 2003; Kungu&Machtmes, 2013). Designing their own learning opportunities often provides participants with internal motivators as opposed to external motivators, a positive driving force (Conti, 1985; Kaufman, 2003; Kungu&Machtmes, 2009; Phipps et al., 2013). If the participants had been able to have more control and involvement with the learning, perhaps the scores and outcomes would have been different.

Office politics also played a significant role in the training and hampered the ability of participants to disclose their own challenges with staff on their teams. The researcher had hoped that the participants would talk openly and frankly about difficult situations at BHS especially within the Everyday Leadership session. However, as noted by Conti (1985), Kaufman (2003), Imel (1998) and Phipps et al. (2013), one of the important principles for Adult Education is to be able to offer a safe environment where learners are free to express themselves. Knowing the history and roles of the current TRSCs and that one staff is also a current union executive who strongly opposed the TR realignment, could the lack of openness be due to the fear of retribution? Or can it also be explained by the current toxic environment within the department?

As well, there were other safety limitations that potentially impacted the level of comfort and security within the learning environment. The first was that there were no ground

rules established at the start of the sessions in order to make learners feel supported. Another principle that has been deemed important by Adult Educators (Kaufman, 2003; Kungu&Machtmes, 2009; Phipps et al., 2013) is the involvement in learners in the planning and goal setting. For these sessions, this was not possible; however, had participants been involved they may have been more inclined to share and may have been more comfortable. The last factor that may have played a role may have been the possible fear of participants in looking incompetent in front of the researcher who is also the manager.

One more challenge that surfaced in the participant discussion afterwards was their failure to understand the purpose of the training itself. The objective of the training was to provide foundational knowledge of the qualities of a champion and assist participants in developing the leadership required to actualize this department's vision (all important elements identified in the TR Champion Study (Hirshfeld, 2014)). The study participants did not understand the concept that MI could be used beyond client care as a technique to also facilitate positive change within team members. One of the study participants also thought that the sessions should be for all staff within the TR department and not just the individuals in the TRSC roles due to her lack of understanding of the different components and skills required for champions.

Lack of clarity may also have played a role in the effectiveness of the training. From the discussion in the later discussion group, participants noted they didn't fully understand their role as Champions, a critical element that is important to further initiatives as identified by the TR Champion Study participants (Hirshfeld, 2014).

An added limitation was that I was not only the researcher but the manager of the participants involved. Even though in both these roles I was able to work with the facilitators, I

had no control in the implementation of the actual sessions. On the day of their training session, facilitators had complete charge over the session leaving no room for the researcher to add in additional elements as needed. For example, I had hoped that the sessions would allow for more experiential learning but this did not happen often enough; however, without this structure, I would not have been able to evaluate the training sessions as I needed to be removed in order to be truly objective.

Conti (1985) argues that “the teacher is the most important factor influencing the nature of the learning climate” (p. 220) and this factor alone determines whether achievement or learning occurs with the student, which may be true for the outcomes of this study. The training sessions involved four different facilitators with various backgrounds and positions, of which three were connected to Education. It was apparent in the sessions that these specific facilitators, likely due to their philosophy and training, used Adult Education principles to guide their teaching. Facilitators were chosen for these sessions based on three different factors: convenience (resources available to BHS staff), cost, and expertise of the subject matter. Moving forward and taking into consideration Conti’s (1985) findings, perhaps it would be ideal to have all facilitators to have a background in Adult Education.

An additional challenge to the training was the fact that the training was mandatory. All TRSCs were required to attend the training regardless of their interest. An assumption that is made in Adult Education is that “adults are independent and self-directing” and that “they are more motivated to learn by internal drives than by external ones” (Kaufman, 2003, p.213). Some participants may not have had the motivation to learn and may have only been in the session because they had to attend. In the Adult Education literature, Phipps et al. (2013) argue that motivators play a significant role in both the “desire and intent to learn” (p.21), which will

affect the commitment made to learning. Perhaps the lack of choice or interest on the part of some participants could have had a negative impact on learning and potentially carry over into their professional practice.

The final challenge is that of the existing literature itself. As noted in Chapter Two, there is minimal information on the Champion within the healthcare arena. For this reason alone, there are few materials that can guide the development of training for these individuals. The training sessions were devised by piecemealing different components rather than working from a comprehensive, overall design. The researcher used the expertise of the presenters, the available literature in the healthcare field, the TR Champion Study and books and other resources on the topics of strengths and leadership (Buckingham; 2007; Kouzes& Posner, 2012; Rath, 2007).

## **Future Research**

As a result of this study, I have several recommendations to make for future research. As outlined in Chapter Two, there remains very little information and research on Champions within the healthcare setting and even less on the Therapeutic Recreation Champion itself. More research in this area would be valuable as it would aid in the development of Champions who can further advance and better position the profession in order to secure its future. There are four areas that could be potential research opportunities. The first would be an add-on to this current study, wherein the study participants are interviewed six months from now to determine their current competencies in the skills taught and their ability to translate them into practice.

Another area for future research could be what constitutes the TR Champion. As noted in Chapter Two, Shaw et al. (2012) comment that there is minimal information available on the Champion in healthcare and to be effective, we need to first understand the role to be able to determine potential utilization. The TR profession would also benefit from learning more about the TR Champion so that one could deploy these individuals in resolving such issues mentioned by the participants in the TR Champion Study such as the debate between the medical model and strengths-based practice; lack of standardization in academic programs; entry level into the profession (master's versus bachelor's degrees); and perhaps most important a unified vision for the profession (Hirshfeld, 2014).

Building on the idea of the TR Champion role, one could also investigate change management within the field of Therapeutic Recreation. Due to the current rocky landscape for TR in Ontario, there is a need for many organizations to reinvent themselves. This research could provide useful learning and skills to be able to complete the much needed change to ensure that TR remains a vital service within healthcare.

One final idea for potential research could be to examine whether skills and abilities learned through training are nurtured outside the classroom and how this could best be done. Gass (1999) defines the transfer of learning as an "effect that a particular experience has on future learning experiences" (p. 18). For learning to be successful, Gass (1999) presents a "Learning Process Model" (p.231) that outlines the requirements for the transfer of learning. In this model, he argues that the educator first must understand the student needs and whether these needs will intersect with the program offered. Next, the educator must define the learning goals and "select teaching strategies, learning tasks, transfer models, techniques and activities for the student" (Gass, 1999, p. 231). Once this is completed, the educator advances



with the session and adapts if needed to enable the transfer of learning. At the end of the program, the educator then provides follow-up opportunities that assist in the carrying over the learning. Additional research could look specifically at the transfer of learning from training programs similar to this and evaluate the success of knowledge translation into future experiences. Another focus research could consider is the transfer of learning within Therapeutic Recreation not only for professionals within training programs, but also, for clients within TR programs.

### **Training Recommendations**

For those individuals that are planning on creating similar training opportunities for TR professionals, there are several recommendations that I would suggest based on the experience from this study. First and foremost, I would urge that all future trainings incorporate the Adult Education principles in the planning and implementation of the program. Although some principles manifested themselves, they were not purposely integrated into the sessions. In addition, I think it is also beneficial to involve the participants in the development and “planning of relevant methods and curricular content” (Kaufman, 2003, p.213) as well as to incorporate the learners in identifying their own needs, objectives and plans (Kaufman, 2003; Kungu&Machtmes, 2009; Phipps et al., 2013). This would help improve the understanding of the overall purpose and goals behind the training itself.

Visioning as identified by Kotter (1995) as imperative in the change management process would also be another component that would advance the training. By completing this task, it would hopefully allow participants to improve their understanding and therefore, “buy-in” to the both the role and vision of the department.

For future trainings, it is essential that more time is allocated for the content. Moreover, it would be beneficial to also add an extra session after each training that could act as a “debriefing”, to help participants reflect on the skills they have learned as noted by Gass (1999) as important for transfer of learning to occur.

Lastly, it is important to consider the readiness of the participants themselves to partake in the learning. If participants are not ready, then the likelihood of success is limited. For future trainings, it would be valuable to take the pulse of the participants and determine where they are and their readiness to engage in the learning.

## **Researcher Reflection**

Prior to the research study, I had preconceived ideas about the subject of Champions. I initially thought that this training would enable the TRSCs to move forward in their roles and give them both the skills and confidence to advance our work within Baycrest Health Sciences and to be seen in the future as leaders within the Therapeutic Recreation field for our work in Geriatrics. Having now completed the study, I see that the training sessions provided an introduction to all the topics but by no means fully equipped the TRSCs with the skills and confidence required to move forward.

However, the opportunity to research a topic of great personal interest has been very rewarding. I have spent the last three years within my current workplace determining how to sustain and move forward the profession at BHS. Having now seen three different TR departments at other Ontario hospitals close over the past year, my goal was to improve both the professionalism of the TR staff and showcase the value of the field to those within BHS. The realignment has been a significant change for TR services at BHS. My learning from the

literature on change management is that there are eight different steps required: “establishing a sense of urgency, forming a powerful guiding coalition, creating a vision, communicating the vision, empowering others to act on the vision, planning for and creating short-term wins, consolidating improvement and producing still more change and institutionalizing new approaches” (Kotter, 1995,p.286). In order for this team to be successful, the group needs to understand the sense of urgency related to the change and realignment and form a powerful coalition to lead the change required to sustain the profession as a valued discipline at BHS. I was disappointed in my hope that this training would aid in the development of skills that allowed the participants to “lead the change effort” (Kotter, 1995, p. 286). To further encourage “the group to work together as a team” (Kotter, 1995, p. 286) and to improve the understanding of why this transformation is important, our next steps will include visioning for the TRSC group around their roles over the next couple of months, critical elements to transform care; nonetheless, I do believe that this training did build a more cohesive group, which is central to transformation.

In addition, BHS as a big organization has allowed me to pursue the research process. I have discovered throughout this study that there are many more considerations to take into account than simply logistics. The first being the difficulty finding a convenient time for both facilitators and participants to attend due to different schedules and obligations, second encountering two different ethics boards with separate demands and requirements, third showcasing the value to others within the organization and receiving their “buy in” and lastly, getting the participants to understand how this knowledge is fundamental to success.

Finally, in the design of the study, I was really eager to develop Champions within my group in order to advance our work. It will be interesting to see what happens in the future and how these individuals make their mark in Therapeutic Recreation.

## **Conclusion**

The goal of this study was to determine the effectiveness of the training in developing the skills required for individuals in the TRSC group to become true TR Champions. An evaluation of this training shows that the sessions were effective but only provided an introductory overview of the skills required for a TR Champion. It did, however, raise many questions about Champions and their training.

Drawing conclusions from the small research project conducted before this study, the researcher devised a working definition of Champion: Therapeutic Recreation Champions are individuals who are hard working, have strong leadership skills, are influencers and visionaries both within and outside the field. In addition, they inspire others with passion and perseverance.

With this definition of Champions, a question comes to mind as to whether one can develop Champions simply through training. If individuals don't have a natural disposition or the ambition that are required of a TR Champion is this possible? Are the qualities of a Champion innate? Can Champions be created based on training alone?

A corollary to this question is whether there would be a difference in the outcomes of the training depending on whether a person has the pre-disposition to be a Champion or not. Do Champions respond differently to training? Could the changes in score and the level of engagement be different for those on their way to be Champions? If the TRSCs are not potential

Champions could it be a factor of motivation or interest? According to the study completed by this researcher, Champions are interested in lifelong learning and constantly growing their skills.

In conclusion, the data and the findings support that learning did occur in the training sessions; however, the learning can only be considered introductory. Since these sessions only scratched the surface of the different subject areas, the researcher believes that the study participants need considerable further training and guidance to become true TR champions.

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## **Appendix A - TRSC Job Description**

### **Therapeutic Recreation Specialist - Certified - DRAFT**

#### **Role Description**

April 2014

This job description is divided into two different sections. The first outlines the specific skill set required for the Therapeutic Recreation Specialist – Certified position and the second outlines the requirements for Therapeutic Recreation practice as identified by the Canadian Therapeutic Recreation Association (CTRA) and Therapeutic Recreation Ontario (TRO).

### **SECTION I**

The Therapeutic Recreation Specialist – Certified positions will be the champions for TR in each of the assigned areas. They will assist with enabling and facilitating the implementation of best practices (both evidence-based practice and theory-based practice) and next practices across the organization. In addition, these positions will support the practice of other clinicians within the assigned area, ensuring that clients receive innovative and quality programs that are delivered through proper service delivery (assessment, planning, implementation and evaluation). These positions will also strengthen linkages with different academic institutions across the country, allowing for supervision of CTRS internship students and ensuring that students have the necessary skills and competencies to practice upon completion of placement.

The individuals in the Therapeutic Recreation Specialist – Certified roles at Baycrest have an expanded knowledge base and enhanced skill set that is different than the role of the Recreation Therapist. They have a broader and more advanced understanding of TR service delivery, assessment tools, theoretical frameworks of reference, and have the ability to design/conduct research studies and publish and present in a variety of forums outside of traditional TR environments. In addition, these individuals have advanced clinical reasoning, knowledge and judgment to assist in discussion and development around meaningful engagement and activities in different environments (e.g., social, environmental, neuroscience based).

### **QUALIFICATIONS:**

- Completion of four (4) years Honours Degree in Therapeutic Recreation, or equivalent, combined with demonstrated experience in the provision of recreation services
- Equivalent: A university degree in a related discipline combined with a post graduate certificate/diploma in the field of therapeutic recreation from a diploma granting college (e.g., Georgian College)

### **CREDENTIALS**

- Required Certified Therapeutic Recreation Specialist (CTRS) credential or eligible to complete exam
- R/TRO or eligible for R/TRO

### **AFFILIATIONS:**

- Professional member in good standing with Therapeutic Recreation Ontario (TRO)
- Professional member in good standing with the National Council for Therapeutic Recreation Certification (NCTRC)
- Voluntary membership with other Therapeutic Recreation Associations such as Canadian Therapeutic Recreation Association (CTRA), American Therapeutic Recreation Association (ATRA) etc.

### **ROLES & RESPONSIBILITIES**

1. Knowledge Translation
  - Completes and oversees literature reviews
  - Weighs evidence and determines integrity
  - Liaises with subject matter experts, clinician scientists and others within the field
  - Works in collaboration with Academic partners in establishing and completing research based on best practices and next practices within the field such as exercising knowledge-base and skills to design, trial, pilot-test and co-investigate future standardized tools and other projects
  - Communicates findings and assists with application of best practices to assigned area (i.e. hospital, mental health and memory, residential and aging, long term care, and campus wide)
2. Communication
  - Presents findings and best practices to both internal and external clinicians within the TR discipline and other healthcare providers re: best practices and next practices within the field
  - Fosters learning within designated area with problem-based learning cases
  - Participates and presents at TR Advanced Practice Group and facilitates initiatives from this group within assigned area (i.e. hospital, mental health and memory, residential and aging, long term care, and campus wide)
3. Practice Mentors
  - Provides leadership to both TR clinicians and staff within assigned areas in the form of coaching, mentoring and support in ensuring and developing best and next practices
  - Assists TR clinicians within assigned area in designing care plans, interventions and evaluation methods utilizing their advanced knowledge-base and skill set in addition to Evidence-Based Practice, Theory Based Practice and theoretical frameworks

- Facilitates practice meetings within assigned area (i.e. hospital, mental health and memory, residential and aging, long term care, and campus wide)
- 4. Liaison with Programs and Academic Partners
  - Liaises with Program Evaluation Unit, KLEARU, Academic Education and Academic Institutions and clinical scientists in TR and others on best practices and next practices
  - Liaises and collaborates with the Academic Education department as a trained Interprofessional education(IPE) facilitator and participates in structured IPE placements, lunch and learns and other IPE activities
  - Collaborates with academic partners in completing systematic research reviews of TR interventions and development of new innovative interventions as next practices
- 5. Therapeutic Recreation Internship Supervision
  - Provides supervision and academic learning opportunities for students completing internships in accordance with the National Council for Therapeutic Recreation Certification (NCTRC)
  - Maintains academic linkages and communication as appropriate with Academic Institutions offering Therapeutic Recreation Degrees and CTRS internships
  - Demonstrates comprehensive understanding and ability to expose CTRS interns to all components of the Job Analysis Task Domains as outlined and required by the National Council for Therapeutic Recreation Certification (NCTRC)for academic internship placement

## **SECTION II**

### **ROLES & RESPONSIBILITIES BASED ON STANDARDS OF PRACTICE (CTRA & TRO)**

The Therapeutic Recreation Specialist – Certified role at Baycrest is designed to reflect the diverse nature of the patients, residents, and clients across the organization. Roles and responsibilities outlined in this description may vary to reflect client needs and unit/program expectations.

For the purpose of this document, patients/residents shall be referred to as clients.

#### **1. Therapeutic Recreation Assessment**

- Complete initial assessment on all referred clients within designated timelines as outlined by Baycrest's documentation policy
- Identify information necessary to be collected during therapeutic recreation assessment and appropriate standardized tools for utilization (i.e. Geriatric Depression Scale, Cohen-Mansfield etc.).
- Use appropriate interview and observational skills when administering the selected assessment tools engaging the client and/or family when appropriate
- Accurately analyze and interpret results of the assessment tools administered

- Communicate therapeutic recreation assessment results with the client, the client's family members, recreationist, professional team members and other key support networks (i.e. music therapy, creative arts etc).
- Apply assessment findings to the Therapeutic Recreation intervention plan (care plans, Kardex, family meetings, rounds, etc.)

## **2. Therapeutic Recreation Intervention Plan**

- Develop a relevant intervention plan based on the established therapeutic recreation theoretical model followed at Baycrest
- Create client-centered goals based on assessment data
- Identify measurable outcomes which relate to client goals, profile (diagnosis impact) and external diversity considerations (cultural, economic, geographic etc.)
- Select appropriate therapeutic recreation interventions that will facilitate goal attainment
- Utilize a collaborative approach with support networks when establishing the therapeutic recreation intervention plan and the inter-professional care plan
- Communicate intervention plan to the recreationist and professional team members

## **3. Therapeutic Recreation Program Development**

- Implement a client-centred approach to program development
- Apply therapeutic recreation interventions based upon a continuum model of care (functional intervention, leisure education, and recreation participation) in program development
- Incorporate program outlines and outcome measures when developing a comprehensive program based on population group
- Develop and apply appropriate evaluation techniques
- Assess and access program resources as required
- Collaborate with the client and relevant support networks during therapeutic recreation program development
- Provide feedback/input to recreationist as appropriate

## **4. Therapeutic Recreation Program Delivery**

- Deliver programs taking into account the strengths, abilities and any contraindications imposed by client diagnosis
- Incorporate data derived from the therapeutic recreation assessment into program delivery
- Apply facilitation techniques and adapt them as required to match the client intervention plan
- Identify and access relevant resources to achieve maximum client independence (adaptive devices, financial resources, transportation etc.)
- Facilitate therapeutic recreation programs that acknowledge individual and cultural diversity
- Appropriately utilize support networks to enhance therapeutic recreation program delivery

## **5. Therapeutic Recreation Documentation**

- Document as outlined by Baycrest's Documentation policy on all aspects of therapeutic recreation service delivery
- Document client-centred outcomes and record progress toward goals
- Identify and record useful data in a clear, professional and accurate manner
- Workload measurement is completed as required by Baycrest and all other program reporting requirements (i.e. MDS)

## **6. Therapeutic Recreation Evaluation**

- Utilize agency, professional and/or government evaluation protocols accurately into therapeutic recreation service delivery as outlined by Baycrest
- Develop and implement formal and informal evaluation measures
- Gather information from a variety of sources for ongoing evaluation (i.e. clients, families, professional team members and/or other stakeholders)
- Analyze and interpret evaluation findings
- Write evaluation reports (outcomes and recommendations) as requested
- Maintain ongoing evaluation of program service delivery by monitoring the efficiency and effectiveness in meeting clients' needs
- Establish efficacy of therapeutic recreation services based on evaluation results and convey findings to relevant groups and/or stakeholders

## **7. Therapeutic Recreation Research**

- Apply required guidelines (Baycrest, professional, and/or government) to therapeutic recreation research initiatives
- Utilize approved research methods to collect quantitative and/or qualitative data as approved by the Research Ethics Board
- Acquire information from a variety of sources (electronic, printed, support networks, verbal etc.) for research proposals
- Analyze research results and incorporate relevant findings within therapeutic recreation service delivery
- Establish therapeutic recreation services based on research findings
- Communicate findings in journals, professional newsletters or forums

## **8. Therapeutic Recreation Professional Development**

- Practice accordingly in adherence to the guidelines and policies outlined by Baycrest, professional organizations (i.e. Standards of Practice, Code of Ethics etc.) and/or government documentation (i.e. MDS)
- Provide intervention that incorporates and embraces theories, practices, and philosophies behind therapeutic recreation
- Contribute and participate in the development and growth of therapeutic recreation

- Provide quality therapeutic recreation services through application of current therapeutic recreation materials obtained through a variety of sources (conference, courses, research, articles, seminars etc.)
- Attend, participate and conduct Baycrest and professionally sponsored workshops/conferences/seminars and disseminate new knowledge to others
- Advocate and promote the benefits of Therapeutic Recreation Services
- Self-assessments and performance appraisals are conducted to identify personal areas for enhancing knowledge, skills and abilities to perform job responsibilities
- Participate in self-reflection of daily practice and through participation in research initiatives, ethics rounds, educational workshops, and annual planning retreats.
- Participate in inter-professional collaboration to provide optimal service delivery (i.e. professional committees, working groups etc.)
- Contribute to Interprofessional Education as appropriate

## **9. Therapeutic Recreation and Community Practice**

- Seek, support and develop appropriate partnerships with a range of community service providers
- Facilitate connections with community services needed for transition to and/or independent participation within the community of the client
- Collect and compile data necessary in linking with community resources
- Provide intervention in a variety of community settings and/or involve the community within the client's environment (i.e. outings, trial of programs etc.)
- Plan and co-ordinate community practice with Recreationist as appropriate
- Explore, establish and develop opportunities for community involvement
- Ensure safe and appropriate procedures for accessing community resources (i.e. transportation, appropriate staffing, etc.)
- Facilitate referrals to appropriate community services/programs as needed
- Enhance the growth of social networks
- Conduct evaluations of community-based programs to ascertain compatibility with individual preferences and needs

### Other Responsibilities:

- Attend professional practice meetings, unit/program specific and department meetings as required
- Supervision of students and volunteers as appropriate
- Complete safety and Ministry reports as required (e.g., SERS, etc.)

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## Appendix B - TRSC Training Sessions

TRSC Training Session 1 Recognizing and Developing Our Own Strengths
Program: Recognizing and Developing Our Own Strengths
Purpose: To understand our strengths and how to further develop them.

<b>Program Objectives</b>
PROGRAM: Recognizing and Developing Our Own Strengths
TPO 1: To demonstrate knowledge of using strengths within the work environment
EO 1. To demonstrate the benefits of using one's own strengths within the work environment
TPO 2: To demonstrate knowledge of own strengths and weaknesses
EO 1. To demonstrate knowledge and understanding of one's own strengths and weaknesses
EO 2. To demonstrate knowledge of how to put your strengths to work
TPO 3: To demonstrate knowledge on how to use the different strengths of team members to succeed in our work
EO 1. To demonstrate the ability to identify other's strengths and how to capitalize on these in the work environment

<b>Implementation Description</b>
PROGRAM: Recognizing and Developing Our Own Strengths
Population: TRSC Staff
Program Context: This program will be used within BHS as part of the training for the TRSC champion positions.
Staff: Dr. Colleen Hood, Professor, Brock University
Facility: Classroom
Equipment: Computer, Projector, Gallup Strengths Test, Flip Chart, Markers

Objectives and Performances Measures	
PROGRAM: Recognizing and Developing Our Own Strengths	
Terminal Program Objective 1: To demonstrate knowledge of using strengths within the work environment	
Enabling Objective	Performance Measure
3. To demonstrate the benefits of using one's own strengths within the work environment	2. Upon completion of the session, the participant will identify 2 benefits of how to capitalize on one's strengths within the work environment as verbalized to facilitator.
Terminal Program Objective 2: To demonstrate knowledge of own strengths	
Enabling Objective	Performance Measure
1. To demonstrate knowledge and understanding of one's own strengths	3. Upon completion of the Gallup Strengths-finder test, the participant will verbalize their own strengths to the facilitator.
2. To demonstrate knowledge of how to put your strengths to work	4. Upon completion of the session, the participant will verbalize 3 different ways to capitalize on his/her own strengths within the work environment to the facilitator.
Terminal Program Objective 3: To demonstrate knowledge on how to use the different strengths of team members to succeed in our work	
Enabling Objective	Performance Measures
1. To demonstrate the ability to identify other's strengths and how to capitalize on these in the work environment	2. Upon completion of the session, the participants will verbalize 1 strength of each team member and illustrate how to use these to enhance the work being completed by the team to the team member.

Content and Process Description		
PROGRAM: Recognizing and Developing Our Own Strengths		
TPO No.: <u>1</u>		
EO No.: <u>1</u> To demonstrate the benefits of using one's own strengths within the work environment		
Content	Process	Participant Response
1. Background of	Review content and background of	

<p>Strengths Movement</p> <p>2. What is a strength – talent x investment = strength</p> <p>3. Benefits of discovering and utilizing strengths</p> <ul style="list-style-type: none"> <li>- If not using strengths, less engaged in work</li> <li>- Using strengths improves confidence, direction, hope, and kindness towards others</li> </ul>	<p>strength's based movement. Discussion about organizations and companies who use strengths to guide their business.</p> <p>Discussion on what is a strength. Stories to identify strengths. i.e. as demonstrated in the book "Strengths-finder" about natural abilities (strengths) and talents vs. the path of resistance</p> <p>Discussion on what the benefits are of discovering your own strengths and how to put these into practice every day within the work environment</p>	
<p align="center"><b>Content and Process Description</b></p> <p>PROGRAM: Recognizing and Developing Our Own Strengths TPO No.: <u>2</u> EO No.: <u>1</u> To demonstrate knowledge and understanding of one's own strengths</p>		
Content	Process	Participant Response
Participants will complete Gallup Strengths Finder test.	Upon completion of the test, discussion will occur regarding results. Are you surprised by the results? If so why? If you don't agree with the test, what do you think your strengths are?	

<p align="center"><b>Content and Process Description</b></p> <p>PROGRAM: Recognizing and Developing Our Own Strengths TPO No.: <u>2</u> EO No.: <u>2</u> To demonstrate knowledge of how to put your strengths to work</p>		
Content	Process	Participant Response
1. Putting strengths to use in practice and leadership	Discussion in how to utilize and capitalize on one's own strengths in the workplace and how to use them in everyday practice as well as leadership.	

<p align="center"><b>Content and Process Description</b></p> <p>PROGRAM: Recognizing and Developing Our Own Strengths</p> <p>TPO No.: <u>3</u></p> <p>EO No.: <u>1</u> To demonstrate the ability to identify other's strengths and how to capitalize on these in the work environment</p>		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
Understanding each other's strengths and how to use them to succeed in moving the profession forward	Participants will share if willing their own strengths to the team. Discussion on situations where we might benefit from using each other's strengths to succeed. i.e. projects, research, next practices etc.	

SEQUENCE SHEET			
TPO	EO	DESCRIPTION	TIME
		Introduction to the training General overview of the training Ground rules Format of the sessions: Each are 2 hours long Will utilize experiential learning as well as discussion and application of techniques into practice Take aways and AHA moments from each session Evaluation after each session	20 mins
1	1	A. Completion of pre-test – Strengths Scale	5 mins
1	1	B. Background of Strengths Movement	1 min
1	1	C. What is a strength – talent x investment = strength	5 mins
2	1	D. Benefits of discovering and utilizing strengths	5 mins
2	2	E. Completion of Gallup's Strength Finder test	20 mins
		F. Discussion of own strengths and how to capitalize in the work environment	20 mins
3	1	G. Sharing of strengths and Capitalizing on each other's strengths	20 mins
		H. Take Aways& AHA moments	10 mins
		I. Questions	10 mins
		J. Evaluation and completion of post-test strengths scale	10 mins

	TPO 1, EO 1:	TPO 2, EO 1:	TPO 2, EO 2:	TPO 3, EO 1:
	Knowledge of benefits	Completion of Gallup's Strengths Finders test	Knowledge and Understanding of own Strengths	Identifying team members strengths and how to capitalize on these
Names				

TRSC Training Session 2 Everyday Leadership
Program: Everyday Leadership
Purpose: To understand the role of the TRSC position and the skills needed for leadership

<b>Program Objectives</b>
PROGRAM: Everyday Leadership
TPO 1: To demonstrate knowledge of the concept of leadership
EO 1. To demonstrate knowledge of the difference between management and leadership
TPO 2: To demonstrate the concepts required for good leadership
EO 1. To demonstrate knowledge of effective communication including giving and receiving feedback
EO 2. To demonstrate knowledge of conflict management and difficult interactions
EO 3. To demonstrate knowledge of effective decision making
TPO 3: To demonstrate the ability to perform leadership techniques
EO 1. To demonstrate effective communication including giving and receiving feedback
EO 2. To demonstrate the ability to manage conflict and difficult interactions
EO 3. To demonstrate the techniques required for effective decision making
TPO 4: To demonstrate knowledge of coaching and mentoring
EO 1. To demonstrate knowledge of the difference between coaching/mentoring and teaching/training/counseling
EO 2. To demonstrate knowledge of how to support team members using coaching and mentoring techniques

Implementation Description	
PROGRAM: Everyday Leadership	
Population: TRSC Staff	
Program Context: This program will be used within BHS as part of the training for the TRSC champion positions	
Staff: Joel Borgida, Organizational Effectiveness (BHS)	
Facility: Classroom	
Equipment: Computer, Projector, Flip Chart Markers	

Objectives and Performances Measures	
PROGRAM: Everyday Leadership	
Terminal Program Objective 1: To demonstrate knowledge of the concept of leadership	
Enabling Objective	Performance Measure
2. To demonstrate knowledge of the difference between management and leadership	2. Upon completion of the session, participant will verbalize the main difference between management and leadership to the facilitator.
Terminal Program Objective 2: To demonstrate the concepts required for good leadership	
Enabling Objective	Performance Measure
1. To demonstrate knowledge of effective communication including giving and receiving feedback	4. Upon completion of the session, participant will verbalize 3 benefits to giving and receiving effective feedback to the facilitator.
2. To demonstrate knowledge of conflict management and difficult interactions	5. Upon completion of the session, participant will verbalize 2 strategies that can be used when encountering conflict or difficult interactions to the facilitator.
3. To demonstrate knowledge of effective decision making	6. Upon completion of the session, participant will verbalize 2 strategies that can be used for effective



	decision making to the facilitator.
Terminal Program Objective 3: To demonstrate the ability to perform leadership techniques	
Enabling Objective	Performance Measure
1. To demonstrate the ability to provide effective communication  2. To demonstrate the ability to provide effective feedback  3. To demonstrate the ability to manage conflict and difficult interactions	4. Upon completion of the session, participant will verbalize 6 elements in the model of communication that support effective communication to the facilitator.  5. Upon completion of the session, participant will verbalize 1 technique for giving and receiving feedback to the facilitator.  6. Upon completion of the session, participant will verbalize 1 technique to manage conflict and difficult interactions to the facilitator.
Terminal Program Objective 4: To demonstrate knowledge of coaching and mentoring	
Enabling Objective	Performance Measures
1. To demonstrate knowledge of the difference between coaching/mentoring and teaching/training/counseling  2. To demonstrate knowledge of how to support team members using coaching and mentoring techniques	3. Upon completion of the session, participant will verbalize 1 difference between coaching and other teaching, training and counseling to the facilitator.  4. Upon completion of the session, participant will verbalize 2 coaching techniques on how to support team members to the facilitator.

Content and Process Description		
PROGRAM: Everyday Leadership TPO No.: <u>1</u> EO No.: <u>1</u> To demonstrate knowledge of the difference between management and leadership		
Content	Process	Participant Response
Definition of Management vs.	Presentation and discussion of	

Leadership  Who are good leaders?  What are their characteristics that made them effective leaders?	management vs. leadership. Discussion and brainstorming of who are individuals in their career or life who have been good leaders and their characteristics.	
<b>Content and Process Description</b> PROGRAM: Everyday Leadership TPO No.: <u>2</u> EO No.: <u>1</u> To demonstrate knowledge of effective communication including giving and receiving feedback		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. 3 D's – Discover Communication, Develop our understanding of communication, Do Something about communicating effectively  2. Personal Styles of Communication  3. Model of Communication (Context, perception, interpretation, feeling, intention and action)  4. Principles of Communication  5. Tools to use to develop communication	Presentation and Discussion. Examples and demonstration.	
<b>Content and Process Description</b> PROGRAM: TPO No.: <u>2</u> EO No.: <u>2</u> To demonstrate knowledge of effective feedback		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>

<ol style="list-style-type: none"> <li>1. Definition of giving and receiving feedback</li> <li>2. Benefits of effective feedback and barriers to Effective Feedback</li> <li>3. Feedback Considerations</li> <li>4. Elements of effective feedback (intention, focus, impact, curiosity and reflection/action)</li> <li>5. Tools for giving feedback</li> </ol>	<p>Presentation and Discussion. Examples and demonstrations.</p>	
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Content and Process Description		
<p>PROGRAM: TPO No.: <u>2</u> EO No.: <u>3</u> To demonstrate knowledge of conflict management and difficult interactions</p>		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. Definition of conflict</li> <li>2. Sources of conflict</li> <li>3. Barriers to dealing with conflict</li> <li>4. Benefits to managing conflict</li> <li>5. Conflict styles</li> <li>6. Manage or Let it go</li> <li>7. Principles to managing conflict</li> <li>8. Steps to managing conflict</li> </ol>	<p>Presentation and Discussion. Examples and demonstrations.</p>	

9. Creative conflict management		
10. Tools to manage conflict		

Content and Process Description		
PROGRAM: TPO No.: <u>3</u> EO No.: <u>1</u> To demonstrate the ability to provide effective communication		
Content	Process	Participant Response
To learn and practice techniques for effective communication	Role play and exercises to learn techniques	
Content and Process Description		
PROGRAM: TPO No.: <u>3</u> EO No.: <u>2</u> To demonstrate the ability to provide effective feedback		
Content	Process	Participant Response
To learn and practice techniques for effective feedback	Role play and exercises to learn techniques	
Content and Process Description		
PROGRAM: TPO No.: <u>3</u> EO No.: <u>3</u> To demonstrate the ability to manage conflict and difficult interactions		
Content	Process	Participant Response
To learn and practice techniques for managing conflict and difficult interactions	Role play and exercises to learn techniques	
Content and Process Description		
PROGRAM: TPO No.: <u>4</u> EO No.: <u>1</u> To demonstrate knowledge of the difference between coaching/mentoring and teaching/training/counseling		
Content	Process	Participant Response
1. Definition of Coaching/Mentoring	Presentation and discussion. Demonstration and examples.	

2. Difference between Coaching and Mentoring vs. teaching/training and counseling		
<b>Content and Process Description</b> PROGRAM: TPO No.: 4 EO No.: 2 To demonstrate knowledge of how to support team members using coaching and mentoring techniques		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. Techniques in coaching to support team members in practice	Presentation and discussion. Demonstration and examples. Role play and exercises to learn techniques	

SEQUENCE SHEET			
TPO	EO	DESCRIPTION	TIME
		Introduction to the training General overview of the training Ground rules Format of the sessions: This is 4 hours long Will utilize experiential learning as well as discussion and application of techniques into practice Take aways and AHA moments from each session Evaluation after each session	10 mins
1	1	A. Completion of pre-test Leadership Self-Assessment	5 mins
2, 3	1	B. Leadership and Management	25 mins
2, 3	2	C. Understanding your role	20 mins
2, 3	3	D. Effective communication	45 mins
4	1, 2	E. Giving and receiving feedback	45 mins
		F. Conflict management and difficult interactions	30 mins
		G. Coaching and mentoring	30 mins
		H. Self-Development Plan for leadership skills	15 mins
		I. Take Aways& AHA moments	5 min
		J. Questions	5 mins
		K. Evaluation and completion of post-test leadership self- assessment	10 mins

	TPO 1, EO 1:  Difference between Leadership vs. mgt	TPO 2, EO 1:  Effective communication	TPO 2, EO 2:  Effective Feedback	TPO 2, EO 3:  Conflict mgt	TPO 3 EO 1  Demo Communication	TPO 3 EO 2  Demo Feed-back	TPO 3 EO 3  Demo Conflict Mgt	TPO 4 EO 1  Difference between coaching and others	TPO 4 EO 2  Techniques to support coaching
Names									

TRSC Training Session 3 Team Work and Collaborative Practice
Program: Team Work and Collaborative Practice
Purpose: To understand the process of collaborative practice and the ability to guide and work with others

<b>Program Objectives</b>
PROGRAM: Team Work and Collaborative Practice
TPO 1: To demonstrate knowledge of the concept of Interprofessional Education
EO 1. To demonstrate knowledge of the concept of Interprofessional Care
EO 2. To demonstrate knowledge of interprofessional care approaches and benefits
TPO 2: To demonstrate knowledge of the concept of team work
EO 1. To demonstrate knowledge of your role on the team
EO 2. To demonstrate knowledge of approaches to team work

TPO 3: To demonstrate knowledge of the concept of collaboration
EO 1. To demonstrate knowledge of essential elements for collaboration
EO 2. To demonstrate knowledge of skills used by effective teams

Implementation Description
PROGRAM: Team Work and Collaborative Practice
Population: TRSC Staff
Program Context: This program will be used within BHS as part of the training for the TRSC champion positions
Staff: Lisa Sokoloff, Interprofessional Educator (BHS)
Facility: Classroom
Equipment: Computer, Projector, Flip Chart, Markers

Objectives and Performances Measures	
PROGRAM: Team Work and Collaborative Practice	
Terminal Program Objective 1: To demonstrate knowledge of the concept of Interprofessional Education	
Enabling Objective	Performance Measure
4. To demonstrate knowledge of the concept of Interprofessional Care (IPC)	3. Upon completion of the session, participant will define main purpose IPC to the facilitator.
5. To demonstrate knowledge of IPC approaches and benefits	4. Upon completion of the session, participant will verbalize 2 approaches to IPC and benefits to the facilitator.
Terminal Program Objective 2: To demonstrate knowledge of the concept of team work	
Enabling Objective	Performance Measure
1. To demonstrate knowledge of your role and others on the team	3. Upon completion of the session, participant will verbalize the difference between own role and other team

2. To demonstrate knowledge of approaches to team work	members to the facilitator.  4. Upon completion of the session, participant will verbalize 2 approaches to team work to the facilitator.
<b>Terminal Program Objective 3: To demonstrate knowledge of the concept of collaboration</b>	
<b>Enabling Objective</b>	<b>Performance Measures</b>
1. To demonstrate knowledge of essential elements for collaboration  2. To demonstrate knowledge of skills used by effective teams	3. Upon completion of the session, participant will verbalize the essential components for collaboration to the facilitator.  4. Upon completion of the session, participant will 2 skills used by effective teams to the facilitator.

<b>Content and Process Description</b>		
PROGRAM: Team Work and Collaborative Practice TPO No.: <u>1</u> EO No.: <u>1</u> To demonstrate knowledge of the concept of Interprofessional Care (IPC)		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. What is Interprofessional Education (IPE)?  2. What is Interprofessional Care (IPC)?  3. Why IPE/C?  4. Goal of IPE	Presentation and Discussion. Examples and exercises.	
<b>Content and Process Description</b>		
PROGRAM: Team Work and Collaborative Practice TPO No.: <u>1</u> 1. EO No.: <u>2</u> To demonstrate knowledge of IPC approaches and benefits		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. Approaches to Care  2. Benefits to	Presentation and Discussion. Examples and exercises.	



interprofessional team approach		
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Content and Process Description		
PROGRAM: Team Work and Collaborative Practice		
TPO No.: <u>2</u>		
EO No.: <u>1</u> To demonstrate knowledge of your role and others on the team		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. What is the Interprofessional team?</li> <li>2. What is your role on the team?</li> <li>3. What are the roles of other team members?</li> <li>4. What are the commonalities and goal of the team?</li> </ol>	Presentation and Discussion. Examples and exercises.	

Content and Process Description		
PROGRAM: Team Work and Collaborative Practice		
TPO No.: <u>2</u>		
EO No.: <u>2</u> To demonstrate knowledge of approaches to team work		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. Definition of team work</li> <li>2. Requirements for team work (cooperation, coordination, collaboration)</li> <li>3. Approaches to effective teamwork</li> </ol>	Presentation and Discussion. Examples and exercises.	
Content and Process Description		
PROGRAM: Team Work and Collaborative Practice		
TPO No.: <u>3</u>		
EO No.: <u>1</u> To demonstrate knowledge of essential elements for collaboration		

Content	Process	Participant Response
1. 7 Essential elements for collaboration  2. Health professional collaborator competencies	Presentation and Discussion. Examples and exercises.	
<b>Content and Process Description</b> PROGRAM: Team Work and Collaborative Practice TPO No.: <u>3</u> EO No.: <u>2</u> To demonstrate knowledge of skills used by effective teams		
Content	Process	Participant Response
1. Skills effective teams use	Presentation and Discussion. Examples and exercises.	

SEQUENCE SHEET			
TPO	EO	DESCRIPTION	TIME
		Introduction to the training General overview of the training Ground rules Format of the sessions: Each are 2 hours long Will utilize experiential learning as well as discussion and application of techniques into practice Take aways and AHA moments from each session Evaluation after each session	10 mins
1	1	A. Completion of pre-test – Teamwork and IPC Self-Assessment	5 mins
1	2		
2	1	B. Introduction to IPE and IPC	20 mins
2	2	C. IPC Approaches	20 mins
3	1, 2	D. Interprofessional Teams roles and responsibilities	10 mins
		E. Team Work	20 mins
		F. Collaboration	20 mins
		G. Take Aways& AHA moments	10 mins
		H. Questions	5 mins
		I. Evaluation and completion of post-test scale	5 mins

## Performance Measures

	TPO 1, EO 1  Concept of IPC	TPO 1, EO 2  IPC Approaches	TPO 2, EO 1  Role on team and others roles	TPO 2, EO 2  Approaches to Teamwork	TPO 3, EO 1  Essential elements for collaboration	TPO 3, EO 2  Skills of Effective Teams
Names						

TRSC Training Session 4 Motivational Interviewing
Program: Motivational Interviewing
Purpose: To learn how to facilitate change and navigate resistance to change.

<b>Program Objectives</b>
PROGRAM: Motivational Interviewing
TPO 1: To demonstrate the knowledge of the concept of motivational interviewing
EO 1. To understand the process of how people change
EO 2. To understand techniques to facilitate “change talk” in others
EO 3. To understand techniques on how to “roll with resistance” to change
TPO 2: To demonstrate the ability to perform motivational interviewing techniques
EO 1. To demonstrate the fundamental “Open ended questions, Affirm, Reflective Listening,

Summarization- OARS” principles of MI.
EO 2. To demonstrate the ability to create “change talk”
EO 3. To demonstrate the ability to “roll with resistance”

<b>Implementation Description</b>
PROGRAM: Motivational Interviewing
Population: TRSC Staff
Program Context: This program will be used within BHS as part of the training for the TRSC champion positions.
Staff: Christina Van Sickle, Professional Practice Chief, Social Work
Facility: Classroom with computer access
Equipment: Computer, Projector

Objectives and Performances Measures	
PROGRAM: Motivational Interviewing	
Terminal Program Objective 1: To demonstrate the knowledge of the concept of motivational interviewing and the change process	
Enabling Objective	Performance Measure
3. To understand the process of how people change  4. To understand the concept of MI and the principles	3. Upon completion of the session, participant will verbalize the recall the cycle of change to the facilitator.  4. Upon completion of the session, participant will verbalize 4 main principles of MI to the facilitator.
Terminal Program Objective 2: To demonstrate knowledge and ability to perform motivational interviewing techniques	
4. To understand and demonstrate the fundamental "Open ended questions, Affirm, Reflective Listening, Summarization- OARS" principles of MI.  5. To understand and demonstrate the ability to create "change talk"  6. To understand and demonstrate the ability to "roll with resistance"	4. Upon completion of the session, participant will demonstrate skills of asking open ended questions, affirming others experiences, reflectively listening, and skillful summarization of others experiences through role play as observed by the facilitator.  5. Upon completion of the session, participant will demonstrate the ability to create "change talk" and identify a min of 3 questions for facilitation to the facilitator.  6. Upon completion of the session, participant will demonstrate through role play the ability to roll with resistance as observed by the facilitator.

Content and Process Description
PROGRAM: TPO No.: <u>1</u>

EO No.: <u>1</u> To understand how people change		
Content	Process	Participant Process
1. Stages of Treatment – engagement, persuasion, active treatment, and relapse prevention  2. Stages of Change - Pre-contemplation, contemplation, preparation, action, and maintenance	Presentation on the stages of treatment and discussion.  Presentation and discussion. Examples from group of where they are currently with a personal change.	
<b>Content and Process Description</b>  PROGRAM: MI TPO No.: <u>1</u> EO No.: <u>2</u> To understand the concept and principles of MI		
Content	Process	Participant Response
1. The Spirit of MI – Express Empathy, Develop Discrepancy, Roll with Resistance and Support Self-efficacy	Discussion on background and the spirit of MI. As well as application	
<b>Content and Process Description</b>  PROGRAM: MI TPO No.: <u>2</u> EO No.: <u>1</u> To understand and demonstrate the fundamental “Open ended questions, Affirm, Reflective Listening, Summarization- OARS” principles of MI.		
Content	Process	Participant Response
1. Getting Started – Easy traps to fall into 2. OARS 3. Reflective Listening	Discussion and presentation on how to start, opening strategies OARS and video on reflective listening  Trial and role play using techniques	
<b>Content and Process Description</b>  PROGRAM: MI TPO No.: <u>2</u> EO No.: <u>2</u> To understand and demonstrate the ability to create “change talk”		
Content	Process	Participant Response
1. Creating Change Talk –	Discussion and presentation	

Evocative questions, elaboration, decisional balance, miracle question, scaling question, looking back/forward, questioning extremes, exploring goals	on creating change talk and examples. Role play and practice by participants.	
2. Creating Change Talk Tools	Discussion and presentation on creating change talk tools and benefits and costs for remaining status quo and changing.	
<b>Content and Process Description</b>		
PROGRAM: MI		
TPO No.: <u>1</u>		
EO No.: <u>3</u> To understand techniques on how to “roll with resistance” to change		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. Rolling with Resistance and how to use reflective responses (simple reflection, amplified reflection, double-sided reflection, shifting focus, reframing, agreement with a twist, emphasizing personal control and change, advocating the opposite)	Discussion and presentation on rolling with resistance and reflective responses. Examples on each of the techniques and role play.	

SEQUENCE SHEET			
TPO	EO	DESCRIPTION	TIME
		Introduction to topic General overview of the training Revisit Ground rules	5 mins
1	1	A. Completion of Pre-test MI Scale	5 mins
1	1	B. Stages of Treatment	5 mins
1	2	C. Stages of Change	5 mins
2	1	D. Spirit of MI	20 mins
2	1	E. Getting Started	10 mins
2	1	F. Opening Strategies – OARS	15 mins
3	2	G. Reflective Listening	15 mins
3	3	H. Creating Change Talk and Tools	20 mins
		I. Rolling with Resistance	10 mins
		J. Take Aways& AHA moments	5 mins
		K. Questions and completion of post-test MI scale	5 mins
		L. Evaluation	

Names	TPO 1, EO 1: Understanding of stages of treatment and change	TPO 1, EO 2 Understanding of MI and the 4 principles	TPO 2, EO 1: Understanding and demonstration of OARS	TPO 2, EO 2: Understanding and demonstration of “Change Talk” techniques	TPO 3, EO 1: Understanding and demonstration of “Rolling with Resistance” techniques

<b>TRSC Training Session 5</b>
<b>Strengths Based Practice and the Leisure Well-being Model</b>
Program: Strengths Based Practice (SBP) and the Leisure Well-being Model (LWM)
Purpose: To understand SBP and application into practice using the LWM

<b>Program Objectives</b>
PROGRAM: Strengths Based Practice and the Leisure Well-being Model
TPO 1: To demonstrate knowledge of the concept of Strengths Based Practice
EO 1. To demonstrate knowledge of the goal and purpose of SBP
EO 2. To demonstrate knowledge of the benefits of using SBP
EO 3. To demonstrate knowledge of why leisure provides context in building strengths
TPO 2: To demonstrate knowledge of how to apply SBP as part of TR practice
EO 1. To demonstrate knowledge and application of a strengths based approach to TR service delivery
TPO 3: To demonstrate knowledge of the connection between LWM and SBP



EO 1. To demonstrate knowledge of how using the LWM supports SBP
TPO 4: To demonstrate knowledge of facilitation techniques in TR that support SBP
EO 1. To demonstrate knowledge and understanding of CAT, BAT and Narrative Therapy

<b>Implementation Description</b>
PROGRAM: Strength-based practice and the Leisure Well-being Model
Population: TRSC Staff
Program Context: This program will be used within BHS as part of the training for the TRSC champion positions.
Staff: Dr. Colleen Hood, Professor, Brock University
Facility: Classroom
Equipment: Computer, Projector, Flip Chart, Markers

Objectives and Performances Measures	
PROGRAM: Strengths Based Practice and the Leisure Well-being Model	
Terminal Program Objective 1: To demonstrate knowledge of the concept of Strengths Based Practice	
Enabling Objective	Performance Measure
1. To demonstrate knowledge of the goal and purpose of SBP	2. Upon completion of the session, participant will verbalize the goal and purpose of SBP to the facilitator.
2. To demonstrate knowledge of the benefits of using SBP	3. Upon completion of the session, participant will verbalize 2 benefits of using SBP to the facilitator.
3. To demonstrate knowledge of why leisure provides context in building strengths	4. Upon completion of the session, participant will verbalize 3 reasons why leisure provides an ideal environment for building strengths to the facilitator.
Terminal Program Objective 2: To demonstrate knowledge of how to apply SBP as part of TR practice	
Enabling Objective	Performance Measures
1. To demonstrate knowledge and application of a strengths based approach to TR service delivery	1. Upon completion of the session, participant will verbalize 1 way to incorporate SBP into TR service delivery to the facilitator.
TPO 3: To demonstrate knowledge of the connection between LWM and SBP	
Enabling Objective	Performance Measures
2. To demonstrate knowledge of how using the LWM supports SBP	2. Upon completion of the session, participant will verbalize 2 ideas of how the LWM supports SBP to the facilitator.
TPO 4: To demonstrate knowledge of facilitation techniques in TR that support SBP	
Enabling Objective	Performance Measures
2. To demonstrate knowledge and understanding of Commitment and Acceptance Therapy (CAT), Behavioural Activation Therapy (BAT) and Narrative Therapy	2. Upon completion of the session, participant will verbalize 1 new facilitation technique for TR services that incorporates SBP to the facilitator.

Content and Process Description		
PROGRAM: Strengths Based Practice and the Leisure Well-being Model TPO No.: <u>1</u> EO No.: <u>1</u> To demonstrate knowledge of the goal and purpose of SBP		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. Introduction to SBP and definition</li> <li>2. Connection to Person-Centred Movement</li> </ol>	Presentation and Discussion re: SBP Use of Case Study on identifying strengths	
Content and Process Description		
PROGRAM: Strengths Based Practice and the Leisure Well-being Model TPO No.: <u>1</u> EO No.: <u>2</u> To demonstrate knowledge of the benefits of using SBP		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. Why use SBP?</li> </ol>	Presentation and Discussion on benefits	

Content and Process Description		
PROGRAM: Strengths Based Practice and the Leisure Well-being Model TPO No.: <u>1</u> EO No.: <u>3</u> To demonstrate knowledge of why leisure provides context in building strengths		
Content	Process	Participant Response
<ol style="list-style-type: none"> <li>1. To understand the literature and evidence behind why leisure opportunities can be used to build strengths</li> </ol>	Presentation and Discussion on literature and evidence to support leisure experiences as a positive environment to build strengths	

Content and Process Description		
PROGRAM: Strengths Based Practice and the Leisure Well-being Model TPO No.: <u>2</u> EO No.: <u>1</u> To demonstrate knowledge and application of a strengths based approach to TR service delivery		
Content	Process	Participant Response

1. To conceptualize the TR service delivery in a strengths based approach <ul style="list-style-type: none"> <li>- Discover (Assess)</li> <li>- Dream, Design (Plan)</li> <li>- Deliver (implement)</li> <li>- Deliberate (evaluate)</li> </ul>	Discussion and presentation on this and application to case study	
<p align="center"><b>Content and Process Description</b></p> <p>PROGRAM: Strengths Based Practice and the Leisure Well-being Model</p> <p>TPO No.: <u>3</u></p> <p>EO No.: <u>1</u> To demonstrate knowledge of how using the LWM supports SBP delivery</p>		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. Introduction and revisit of LWM 2. Connection between LWM and SBP 3. Application into practice	Discussion and presentation on this and application to case study	
<p align="center"><b>Content and Process Description</b></p> <p>PROGRAM: Strengths Based Practice and the Leisure Well-being Model</p> <p>TPO No.: <u>4</u></p> <p>EO No.: <u>1</u> To demonstrate knowledge and understanding of Commitment and Acceptance Therapy (CAT), Behavioural Activation Therapy (BAT) and Narrative Therapy</p>		
<b>Content</b>	<b>Process</b>	<b>Participant Response</b>
1. Introduction to facilitation techniques of Commitment and Acceptance Therapy (CAT), Behavioural Activation Therapy (BAT) and Narrative Therapy	Discussion and presentation on this and future applications for practice.	

SEQUENCE SHEET			
TPO	EO	DESCRIPTION	TIME
		Introduction to the training General overview of the training Ground rules	10 mins
		A. Completion of pre-test B. Introduction to SBP and definition	5 mins 5 mins

		C. Connection to Person-Centred Movement	5 mins
		D. Why use SBP?	5 mins
		E. Leisure as an environment to build strengths	10 mins
		F. Conceptualization of TR Service Delivery using strengths-based approach	20 mins
1	1		
1	1	G. Introduction and revisit of LWM	20 mins
1	1	H. Connection between LWM and SBP	
2	1	I. Introduction to new Facilitation Techniques	10 mins
2	2	J. Take Aways& AHA moments	5 mins
		K. Questions	10 mins
3	1	L. Evaluation and completion of post-test scale	5 mins

	TPO 1, EO 1: Knowledge of goal and purpose	TPO 1, EO 2: Knowledge of benefits of SBP	TPO 1, EO 3: Knowledge of leisure as context to build strengths	TPO 2, EO 1: Knowledge and application of SBP to TR Service Delivery	TPO 3, EO 1 Knowledge of LWM and SBP	TPO 4, EO 1 Knowledge of 3 new facilitation techniques that support SBP
Names						

## Appendix C – Strengths Scale

### The Strengths Knowledge Scale

The following questions ask you about your strengths, that is, the things that you are able to do well or do best. Please respond to each statement using the scale below:

1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neither agree nor disagree	5 Slightly agree	6 Agree	7 Strongly Agree
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1. Other people see the strengths that I have \_\_\_\_\_
2. I have to think hard about what my strengths are \_\_\_\_\_
3. I know what I do best \_\_\_\_\_
4. I am aware of my strengths \_\_\_\_\_
5. I know the things I am good at doing \_\_\_\_\_
6. I know my strengths well \_\_\_\_\_
7. I know the things I do best \_\_\_\_\_
8. I know when I am at my best \_\_\_\_\_

How to score: Subtract your response to item number two from 8, then add up your responses to each of the items. Higher scores indicate higher levels of strengths knowledge. People who know their strengths better are more likely to be able to use them and to be effective in doing so.

Source: Govindji, R., & Linley, P.A. (2007). Strengths use, self-concordance and well-being: Implications for strengths coaching and coaching psychologists. *International Coaching Psychology Review*, 2 (2), 143-153.

## Appendix D– Leadership Self-Assessment Scale

		Very Strong	Moderately Strong	Adequate	Moderately Weak	Very Weak
1.	I am confident communicating with others.	5	4	3	2	1
2.	I am confident making decisions with input from others.	5	4	3	2	1
3.	I am confident with my ability to listen to feedback and ask questions.	5	4	3	2	1
4.	I am confident in providing constructive feedback & addressing problems.	5	4	3	2	1
5.	I am confident developing plans.	5	4	3	2	1
6.	I am confident setting a vision & setting long team goals.	5	4	3	2	1
7.	I am confident setting objectives & following through to completion.	5	4	3	2	1

8.	I can be assertive when needed.	5	4	3	2	1
9.	I am confident in my leadership skills to act as a Champion of change.	5	4	3	2	1
10.	I am confident coaching team members.	5	4	3	2	1
11.	I am confident in my conflict resolution skills & can respond to an employee or someone else who is upset with me.	5	4	3	2	1
12.	I have a good understanding of my role within therapeutic recreation services.	5	4	3	2	1
13.	I am confident in my skills to inspire & motivate my team.	5	4	3	2	1
14.	I am confident in my skills as a great listener.	5	4	3	2	1
15.	I am confident in my abilities as a good delegator.	5	4	3	2	1



## Appendix E – Team Work and Collaboration Self-Assessment Scale

		Very Strong	Moderately Strong	Adequate	Moderately Weak	Very Weak
1.	I am confident in my understanding of the purpose of Interprofessional Collaboration (IPC).	5	4	3	2	1
2.	I am confident in my understanding of the benefits of IPC.	5	4	3	2	1
3.	I am confident in my understanding of the approaches used in IPC.	5	4	3	2	1
4.	I am confident in my understanding of my role on the team.	5	4	3	2	1
5.	I am confident in my understanding of the roles of others on my team.	5	4	3	2	1
6.	I am confident in my understanding of teamwork approaches.	5	4	3	2	1
7.	I am confident in my understanding of the skills needed for effective teams	5	4	3	2	1

## Appendix F – Motivational Interviewing Self-Assessment Scale

		Very Strong	Moderately Strong	Adequate	Moderately Weak	Very Weak
1.	I have a good understanding of Motivational Interviewing (MI).	5	4	3	2	1
2.	I have a good understanding of how people change and the cycles of change.	5	4	3	2	1
3.	I have good understanding of the OARS opening strategies of MI.	5	4	3	2	1
4.	I have a good understanding of the MI techniques used to facilitate “change talk” in others	5	4	3	2	1
5.	I have a good understanding the MI techniques on how to “roll with resistance” to change.	5	4	3	2	1

**Appendix G – Strengths Based Practice and Leisure Well-Being Model Self-Assessment Scale**

		Very Strong	Moderately Strong	Adequate	Moderately Weak	Very Weak
1.	I am confident in my understanding of the Strengths-based Practice	5	4	3	2	1
2.	I am confident in my understanding of the goal of the Leisure Well-being Model (LWM)	5	4	3	2	1
3.	I am confident in my understanding of the components of TR services with the LWM	5	4	3	2	1
4.	I am confident in my ability to apply the LWM to my daily work	5	4	3	2	1
5.	I am confident in my ability to support my team in the application of the LWM to our work	5	4	3	2	1
6.	I am confident in my understanding of teamwork approaches.	5	4	3	2	1
7.	I am confident in my	5	4	3	2	1

	understanding of how the LWM provides Person-Centred Care					
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## Appendix H – Focus Group Questions

- 1) When you think of being a champion, what comes to mind? What does it mean to you? What images? What feelings?
- 2) How would you define the therapeutic recreation champion? What do you feel is the knowledge and skill set required to be a therapeutic recreation champion?
  - Traits
  - Strengths
  - Leadership
  - Professional knowledge
- 3) In order to become champions or leaders in the field, what topics or areas of professional development would you include in a training program?
- 4) In what ways do you think that this training session prepared you for your TRSC position as a TR champion and helped you grow professionally?
- 5) Which topics do you think were most beneficial to your learning? Least beneficial? Why?
- 6) In what ways do you think that this training will change the current way you practice therapeutic recreation?
- 7) If this program were to be offered in the future, what additional topics might you include?
- 8) What was your experience during the training? What was positive and why? What needed improvement and why?
- 9) In your view, what is the value of the TRSC position in moving the Therapeutic Recreation field forward both internally at Baycrest and externally across the province, country and internationally?
- 10) Where do you see the field of Therapeutic Recreation in the next 5, 10 and 15 years? What skills are required for future clinicians?

Do you have any questions?

Thank you for your time.

## **Appendix I – Facilitator Debrief Interview – Session 1**

1. In your opinion, were the participants able to understand the benefits of capitalizing on each other's strengths as a team?
2. In your opinion, do you think completing the Gallup Strengths-Finder test was beneficial to participants? Why or why not?
3. In your opinion, do you think participants are now better able to identify their own strengths and the things they do best?
4. In your opinion, do you think participants were able to identify others strengths and understand how to use them to enhance the work and goals of the team?
5. In your opinion, what went well with the session? What didn't go well?
6. If you were to facilitate this session or the content areas again, is there anything you might do differently?
7. Do you have any other ideas or thoughts you would like to share re: this session?

## **Appendix J - Debrief Interview – Session 2**

1. In your opinion, do you think participants were able to understand the difference between management and leadership?
2. In your opinion, do you think participants were able to develop the ability to be effective communicators? In addition do you think participants are now able to provide feedback and manage conflict effectively?
3. In your opinion, do you think participants understand the concepts of coaching and how to support team members using these techniques?
4. In your opinion, what went well with the session? What didn't go well?
5. If you were to facilitate this session or the content areas again, is there anything you might do differently?
6. Do you have any other ideas or thoughts you would like to share re: this session?



## **Appendix K - Debrief Interview – Session 3**

1. In your opinion, do you think that participants understand the concepts of IPC and have the ability to put this into practice?
2. In your opinion, do you think that participants understand their own role on the team and that of others?
3. In your opinion, do you think that participants understood the elements required for collaboration and the skills needed for teams to be effective?
4. In your opinion, what went well with the session? What didn't go well?
5. If you were to facilitate this session or the content areas again, is there anything you might do differently?
6. Do you have any other ideas or thoughts you would like to share re: this session?

## **Appendix L - Debrief Interview – Session 4**

1. In your opinion, do you think participants are able to identify the value of using Motivational Interviewing as a technique for facilitating change with team members?
2. In your opinion, do you think that participants are now able to facilitate “change talk”? As well as the ability to “roll with resistance”?
3. In your opinion, do you think that participants are now able to perform OARS (the principles of MI)?
4. In your opinion, what went well with the session? What didn’t go well?
5. If you were to facilitate this session or the content areas again, is there anything you might do differently?
6. Do you have any other ideas or thoughts you would like to share re: this session?

## **Appendix M - Debrief Interview – Session 5**

1. In your opinion, do you think that participants understand the value of strengths based practice and its role in practice?
2. In your opinion, do you think participants understand the concepts of the Leisure Well-Being Model (LWM)?
3. In your opinion, do you think participants are now able to link the LWM into daily practice?
4. In your opinion, do you think participants understand how the LWM provides person-centred care?
5. In your opinion, what went well with the session? What didn't go well?
6. If you were to facilitate this session or the content areas again, is there anything you might do differently?
7. Do you have any other ideas or thoughts you would like to share re: this session?

## **Appendix N – Participant Demographic Information Survey – TRSC Roles**

1. Please list all your experience within the field of Therapeutic Recreation and the positions held (including any student placements, volunteer and paid positions).
2. Please list all post-secondary education (including degrees and/or diplomas)
3. Please list all additional training that has been completed in addition to your academic education.
4. Please list any credentials or additional qualifications that you currently possess.
5. Please list significant accomplishments within the field.